

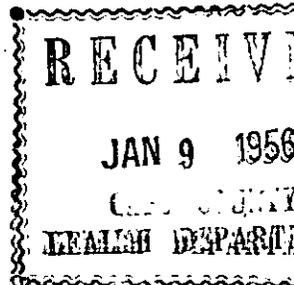
FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39929

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5218		Registrar's No. 184			
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cass					
b. CITY (If outside corporate limits, write RURAL and give townships) Rural Big Creek Twp.		c. LENGTH OF STAY (in this place) 67 Years		c. CITY (If outside corporate limits, write RURAL and give township) Rural Big Creek Twp.		d. 190			
d. FULL NAME OF HOSPITAL OR INSTITUTION 71 By Pass				d. STREET ADDRESS (If rural, give location) 71 By Pass					
3. NAME OF DECEASED (Type or Print) Squire		a. (First)		b. (Middle) Nelson S		c. (Last) Sperry			
4. DATE OF DEATH 12-31-1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Dec. 11 1868		9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Oak Lake Minn.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME L.D. Sperry		13b. MOTHER'S MAIDEN NAME ***** Stillman*****		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Sperry b Greenwood Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia				ANTECEDENT CAUSES				3 days.	
DUE TO (b) Cerebral thrombosis				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				2 wks.	
DUE TO (c) Arteriosclerosis				II. OTHER SIGNIFICANT CONDITIONS				12 yrs.	
Conditions contributing to the death but not related to the disease or condition causing death. 332x				19a. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 16, 1949, to 12-30, 1955, that I last saw the deceased alive on 12-30, 1955, and that death occurred at 12:45 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) G.R. Jenkins D.O.				23b. ADDRESS Lee's Summit, Mo.		23c. DATE SIGNED 5 12/31/1955			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Jan. 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Greenwood, Mo.			
DATE REC'D BY LOCAL REG. Dec 31, 1955		REGISTRAR'S SIGNATURE Nora Barman 457-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langsford Funeral Home Lee's Summit Mo.					

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

A handwritten signature in dark ink, appearing to read "H. B. Langford". The signature is written in a cursive style with a large, sweeping "L".

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.