

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **40961**  
Registrator's No. **378**

FILED DEC 31 1956

Registration District No. **77** Primary Registration District No. **3016**

|  |                                  |   |  |   |   |   |   |
|--|----------------------------------|---|--|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b> |   |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Jefferson City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>Jefferson City</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>611 E. Capitol</b>   |                                  |   | Length of stay in 1b<br><b>2 YRS.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>611 E. Capitol</b>  |   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br><b>Jennie Beach Sperry</b>  |                                  |   |  | 4. DATE OF DEATH<br><b>Dec 26 1956</b>  |   |   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-6-1870</b>   | 9. AGE (In years last birthday)<br><b>86</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Plymouth, Illinois</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>  |   |
| 13. FATHER'S NAME<br><b>Oliver Beach</b>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>493-10-32608</b>   |   | 17. INFORMANT<br><b>MRS. MARION R. LYNES, ILLINOIS</b>            |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE<br><b>Coronary Valvular Congestive Heart Failure</b>  |                                  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 hrs.</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  | DUE TO (b)<br><b>Arteriosclerosis</b>   |  | DUE TO (c)<br><b>Hypertension</b>   |   | 18 yrs.<br>20 yrs.  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |                                  |   |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |   |   |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year<br>a. m. _____ p. m. _____  |                                  |   |  |   |   |   |   |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY STATE  |   |
| 21. I attended the deceased from <b>Nov. 12<sup>th</sup> to Dec. 26<sup>th</sup></b> and last saw her alive on <b>Dec. 24<sup>th</sup> 1956</b><br>Death occurred at <b>9:55 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |   |   |
| 22a. SIGNATURE<br><b>E. Spencer Macaulay</b>   |                                  |   |  | 22b. ADDRESS<br><b>303 W. W. Carter</b>   |   | 22c. DATE SIGNED<br><b>12-28-56</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY   |   | 23d. LOCATION (City, town, or county) (State)                     |   |   |
| <b>Removal</b>   | <b>12-28-1956</b>                | <b>Valhalla Cemetery</b>  |  | <b>St. Louis, Missouri</b>  |   |   |   |
| 24. FUNERAL DIRECTOR<br><b>Thorp J. Gordon</b>   |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>28 Dec 1956</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>R.P. Dorris MD-MR.</b>  |   |

(Licensed Embalmer's Statement on Reverse Side)

Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard ribbon type. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....  
Signature of Student Embalmer

Signed *Gideon N. Houser*.....

Licensed Embalmer No. *45*.....

P. O. Address *Jefferson*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.