

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 17 6 7 9  
State File No. ....

FILED MAY 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-Jackson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Jackson Township</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4, Carthage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 4, Carthage</u>		e. STREET ADDRESS (If rural, give location) <u>Route 4, Carthage</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFORD</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>SPERRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1957</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 17, 1899</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. produce mgr</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Eldon, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY <u>produce retail</u>	

13a. FATHER'S NAME <u>Charles Sperry</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Thornton Sperry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>712-09-7009</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.F. Sperry, Rte 4, Carthage, Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the right lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) <u>arteriosclerotic heart disease</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____		_____	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <u>163X</u>	
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 Dec 10, 1955, to May 2, 1957, that I last saw the deceased alive on May 2, 1957, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard R. Coble, M.D.</u>		23b. ADDRESS <u>116 W. Third Carthage, Mo.</u>		23c. DATE SIGNED <u>5/2/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>May 2, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ft. Scott, Kansas</u>		24e. _____		24f. _____	

DATE REC'D BY LOCAL REG. <u>5-2-57</u>		REGISTRAR'S SIGNATURE <u>Wm Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

139-0

County File Number 52-5-384

Date Filed MAY 15 1951

MAY 20 1951

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.