

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013955
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 78

S. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Davies <u>0310</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pattonsburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lacy Rest Home		Length of stay in lb 5 Days	d. STREET ADDRESS (If outside, give location) --		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Della Sarah Sperry			4. DATE OF DEATH Month Day Year May 4, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 16, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Fiscus		13b. MOTHER'S MAIDEN NAME Eliza Jane Parker		14. NAME OF HUSBAND OR WIFE Nearest Sperry	
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 Address Detmer W. Sperry, Rt. # 1, Pattonburg, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) HYPERTENSIVE ARTERIOSCLEROTIC VASCULAR DISEASE					years
DUE TO (c) ARTERIOULAR NEPHROSCLEROSIS					years
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? 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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>6-15-57</u> to <u>5-4-58</u> and last saw ^{her} him alive on <u>5-3-58</u> Death occurred at <u>4:00 P.M.</u> <u>7</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Albert Dribble M.D. (Degree or title)			22b. ADDRESS Bethany, Mo.		22c. DATE SIGNED 5-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Koger Cemetery		23d. LOCATION (City, town, or county) (State) Pattonburg, Mo.	
24. FUNERAL DIRECTOR Louis Quest ADDRESS Pattonburg, Mo.		25. DATE RECD. BY LOCAL REG. 5-7-1958	26. REGISTRAR'S SIGNATURE Della Mayey		

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 *Lavin Faust*

Licensed Embalmer No. *4096*

P. O. Address *Fattonsburg, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.