

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001910
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace		Length of stay in lb 5 days	d. STREET ADDRESS (If outside, give location) 310 Brice
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Archie Bedford Sprecker			4. DATE OF DEATH Month Day Year Jan. 15, 1959			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 10, 1890		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Lynn Creek, W. Virginia		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Sprecker		13b. MOTHER'S MAIDEN NAME Margaret Mulligan		
14. NAME OF HUSBAND OR WIFE Della Sprecker		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 494-18-7716		
17. INFORMANT Wallace Hospital, Lebanon, Missouri		Address				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding duodenal ulcers			INTERVAL BETWEEN ONSET AND DEATH 4 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			5410		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Cardiac Decompensation (2) Severe pyelonephritis					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Death occurred at Jan. 10, '59, to Jan. 15, '59 and last saw him alive on Jan. 10, '59 at 5:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Al Harrington M.D.		22b. ADDRESS Lebanon Mo.		22c. DATE SIGNED 1-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-18-1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park	
23d. LOCATION (City, town, or county) (State) Laclede County, Missouri					
24. FUNERAL DIRECTOR H. J. Shadel		ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 1-17-1959	
26. REGISTRAR'S SIGNATURE Wella L. Way					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 27 1959

Date Filed JAN 26 1959

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 H. C. Simpson, Student Embalmer No. 557 working under my personal supervision.

Student H. C. Simpson
Signature of Student Embalmer

Signed R. H. Barber
Licensed Embalmer No. 3848
P. O. Address W. H. Lane, Jr.

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.