

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 796 State File No. 41799

FILED DEC 28 1949

BIRTH NO. REG. DIST. NO. 524 PRIMARY REG. DIST. NO. 3046 Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural / Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural / Walker</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>at West edge of California Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at West edge of California Mo</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1949</u>	
3. NAME OF DECEASED a. (First) <u>DUSTAV</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>SPERBER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1949</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>Dec. 24, 1870</u>
9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ottlieb Sperber</u>	
13b. MOTHER'S MAIDEN NAME <u>Wilhemina Schalle</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. Roedel Sperber</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Karl Sperber</u>		ADDRESS <u>California Moniteau 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</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) 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? YES <input type="checkbox"/> NO <input 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) <u>California Moniteau Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Nov. 24, 1949</u> to <u>Nov. 27, 1949</u> , that I last saw the deceased alive on <u>Nov. 27, 1949</u> , and that death occurred at <u>11:15 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. R. Poppey</u> (Degree or title)		23b. ADDRESS <u>California</u>	
23c. DATE SIGNED <u>11/28/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>11-29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	
24d. LOCATION (City, town, or county) (State) <u>California Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>	
DATE REC'D BY LOCAL REG. <u>12-7-49</u>		REGISTRAR'S SIGNATURE <u>H. R. Poppey</u> 202	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo</u>	

JAN 27 1950

RECEIVED DEC 23 1949
District Health Officer No. 9,
District File Number

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. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.