No. 300
10-48

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14235

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY: RIPLEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DONIPHAN
c. LENGTH OF STAY (in this place): 3 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lafayette St. Near Court House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RIPLEY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DONIPHAN, MO. 0911
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RUSSELL
b. (Middle): JACOB
c. (Last): SPERRY

4. DATE OF DEATH (Month) (Day) (Year): 1 - 19 - 1950

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-16-1897
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days 3 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER
10b. KIND OF BUSINESS OR INDUSTRY: BARBERING
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRED B. SPERRY
13b. MOTHER'S MAIDEN NAME: MARY AMALIA TERPINITZ
14. NAME OF HUSBAND OR WIFE: MAYME SPERRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 458-01-4855
17. INFORMANT'S SIGNATURE OR NAME: MAYME SPERRY — ADDRESS: BRECKENRIDGE TEXAS

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): Gun Shot wound through chest.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Verdict of Coroner's Jury.
DUE TO (c): ~~[illegible]~~

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: E981X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify): murder
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Doniphan Ripley Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ~~[illegible]~~ Jan 19-50 8:36 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Was Shot while walking along street

22. *I hereby certify that I attended the deceased from* Jan 19, 1950, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J E Williams M.D. (Coroner)
23b. ADDRESS: Doniphan Mo
23c. DATE SIGNED: 2-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-22-1950
24c. NAME OF CEMETERY OR CREMATORY: Doniphan Cemetery
24d. LOCATION (City, town, or county) (State): Doniphan Mo.

DATE REC'D BY LOCAL REG.: 3-13-50
REGISTRAR'S SIGNATURE: E. B. Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: L. A. Edwards — ADDRESS: Doniphan Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-10-50
District Health Officer No. 5,
District File Number 4-50 220
Date Filed 4-13-50

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.

Signed Carl B Bird

Signed _____ Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.