

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24173**

No. 300
10.48

FILED AUG 7 1951

BIRTH NO.		REG. DIST. NO. 314	PRIMARY REG. DIST. NO. 4459	Registrar's No. 35
1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Clair		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Osceola) c. LENGTH OF STAY (In this place) 83 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola 0930		
d. FULL NAME OF HOSPITAL OR INSTITUTION Remond Township		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Odessa b. (Middle) Ann c. (Last) Sperry		4. DATE OF DEATH (Month) (Day) (Year) 6-14-1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/23/1868	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ashland Ohio	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Aaron Ewing		
13b. MOTHER'S MAIDEN NAME Elizabeth Kinney		14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR ADDRESS Mrs. F.P. McCullough, Osceola Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of heart DUE TO (c) one had been removed surgically 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 170 X		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)
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 6-11 , 1951, to 6-14 , 1951, that I last saw the deceased alive on 6-13 , 1951, and that death occurred at 1:50 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE Ruth Seewers M.D. (Degree or title)		23b. ADDRESS Osceola Mo.		23c. DATE SIGNED 6-16-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/16/51	24c. NAME OF CEMETERY OR CREMATORY Lakeside	24d. LOCATION (City, town, or county) (State) Lamar Missouri
DATE REC'D BY LOCAL REG. 6-16-51		REGISTRAR'S SIGNATURE Ruth Seewers 259		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Goodrich ADDRESS Osceola Mo.

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

RECEIVED 8-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number:

Date Filed 8-6-51

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

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address *Oseola 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.