No. 300
10.48

FILED APR 22 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12265

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 209

161
1

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

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 211 N. 2nd East St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo 0161
d. STREET ADDRESS (If rural, give location): 211 N. 2nd East St.

**3. NAME OF DECEASED** (Type or Print): a. (First) Herman b. (Middle) Christian c. (Last) Sperling

**4. DATE OF DEATH** (Month) (Day) (Year): April 15 1952

**5. SEX**: M 0
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow 2
**8. DATE OF BIRTH**: Dec 28 1875
**9. AGE** (In years last birthday): 76 — IF UNDER 1 YEAR: Months 3 Days 17 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Burfordville Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Christian Sperling
**13b. MOTHER'S MAIDEN NAME**: Philipine Sperling
**14. NAME OF HUSBAND OR WIFE**: Mollie Siebert

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Walter E. Kasten — ADDRESS: Jackson 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, recurrent. — INTERVAL BETWEEN ONSET AND DEATH: 30 mins

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic cardiovascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac Decompensation — 4 yrs.

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 4221
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 25, 1949, *to* April 15, 1952, *that I last saw the deceased alive on* April 11, 1952, *and that death occurred at* 11:55 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): D. Prolinger, M.D.
**23b. ADDRESS**: Jackson, Mo.
**23c. DATE SIGNED**: 4/16/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: April 18 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Russell Hight
**24d. LOCATION** (City, town, or county) (State): Jackson Mo

**DATE REC'D BY LOCAL REG.**: Apr 16 52
**REGISTRAR'S SIGNATURE**: D. G. Seibert 43 0
**25. FUNERAL DIRECTOR'S SIGNATURE**: McCombs Furn & Und Co — ADDRESS: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1955

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed B A Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.