

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38483

State File No. ....

FILED NOV 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5207 Registrar's No. 17

0170

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

1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dawn, Missouri</b>		c. LENGTH OF STAY (in this place) <b>33 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dawn, Missouri Hill, Twp.</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>HOME, 11 n/w Tina.</b>			d. STREET ADDRESS (If rural, give location) <b>RFD.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDITH</b>		b. (Middle) <b>LORETTA</b>		c. (Last) <b>SPERRY</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6th, 1953.</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W.</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 20, 1884</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>69 7 16</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (State or foreign country) <b>Dawn, Missouri.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Buchanan Knox,</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA Bungardner,</b>			
14. NAME OF HUSBAND OR WIFE <b>Roy Sperry</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>ROY SPERRY</b>		ADDRESS <b>#23# DAWN, Mo.</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rt Jaw</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with metastasis to lung &amp; bone</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>9 yrs</b>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>10 Aug, 1953</b> to <b>6 Nov, 1953</b> and that death occurred at <b>5:30 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M.D. Clifford W. Austin</b>				23b. ADDRESS <b>Tina, Missouri</b>		23c. DATE SIGNED <b>9 Nov 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 8, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Salem</b>		24d. LOCATION (City, town, or county) (State) <b>Tina, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 16, 1953</b>		REGISTRAR'S SIGNATURE <b>Max Rex Henderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifford W. Austin, Tina, Mo.</b>			

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 *Clifford W. Austin*  
Clifford W. Austin  
Licensed Embalmer No. #3233.

P. O. Address Tina, Missouri

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.