

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43492**

FILED JAN 12 1954

BIRTH NO. **904321** REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **132**

0542  
0

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

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY OR TOWN <b>Lexington</b>	c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY OR TOWN <b>Reasor - Rebsmond</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Municipal Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1/2 mile SW Rebsmond</b>	
3. NAME OF DECEASED a. (First) <b>MARJOREY</b> b. (Middle) <b>KAY</b> c. (Last) <b>Sperbeck</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 28, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>December 24, 1923</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>J. E. Sperbeck</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Ann Tishy</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>J. E. Sperbeck</b>		ADDRESS <b>Rebsmond, Missouri</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>Cerebellar ataxia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aspiration of amniotic fluid + veprix coagulosa</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 checked="" type="checkbox"/>		7620	
21a. ACCIDENT SUICIDE HOMICIDE _____ (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or elsewhere) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Dec. 26, 1953</b> , to <b>Dec. 28, 1953</b> , that I last saw the deceased alive on <b>Dec. 28, 1953</b> , and that death occurred at <b>10:30 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>M. Johnson</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Richmond, Mo.</b>	
23c. DATE SIGNED <b>1/4/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Dec 29, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Denney St.</b>	
24d. LOCATION (City, town, or county) (State) <b>Rebsmond, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Anna E. Eckel</b>	
DATE REC'D BY LOCAL REG. <b>1-6-54</b>		REGISTRAR'S SIGNATURE <b>156</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Anna E. Eckel</b>		ADDRESS <b>Rebsmond, Mo.</b>	

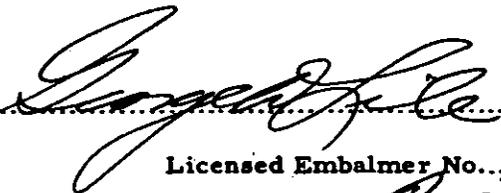
---

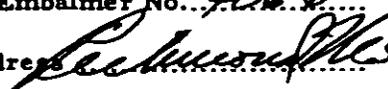
---

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.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 4066.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.