

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37576**

FILED NOV 26 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>3</u>				
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY OR TOWN Washington		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				f. STREET ADDRESS (If rural, give location) 265 High St.				03620		
3. NAME OF DECEASED (Type or Print) Sophie		a. (First) M. C.		b. (Middle) Sprick		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 18, 1876		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR 8 Months 0 Days IF UNDER 4 HRS. 0 Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (City and State or Foreign Country) New Haven, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Birkmann			13b. MOTHER'S MAIDEN NAME Christina Boltebock			14. NAME OF HUSBAND OR WIFE August H. Sprick				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Sprick, Washington, 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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage 2 1/2 hours</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Arteriosclerotic disease 7 years</p> <p>DUE TO (c) Old age</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None</p>								
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9 Sep, 1953 to 18 Nov, 1956 that I last saw the deceased alive on 17 Nov, 1956 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Raymond J. Boggs, M.D.				23b. ADDRESS Washington, Mo.				23c. DATE SIGNED 19 Nov 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Port Hudson Lutheran Cem.		24d. LOCATION (City, town, or county) (State) R. R. New Haven, Mo.				
DATE REC'D BY LOCAL REG. 11/19/56		REGISTRAR'S SIGNATURE F. J. Johnson				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg & Vitt Inc, Washington, Mo.				

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 Vernon C Vedder Student Embalmer No. 537 working under my personal supervision.

Student Vernon C Vedder Signature of Student Embalmer Signed Jerome F Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.