

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

27958

STATE FILE NUMBER

FILED SEP 6 1957

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOEUF TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Boeuf
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. S. of BERGER		Length of stay in 1b 30 yrs	d. STREET ADDRESS (If outside, give location) 3 mi. S. of BERGER
3. NAME OF DECEASED (Type or print)		First SALINA Middle S Last SPRECKELMEYER	4. DATE OF DEATH Month SEPT Day 3 Year 1957

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT-11-1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Household	11. BIRTHPLACE (City and state or country) SENATE GROVE Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	---

13a. FATHER'S NAME HENRY ROHLFING	13b. MOTHER'S MAIDEN NAME MATHIDA STOEPELMANN	14. NAME OF HUSBAND OR WIFE WESLEY SPRECKELMEYER
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address WESLEY SPRECKELMEYER RFD BERGER Mo
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute myocardial infarction		2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	15 years
	DUE TO (c) 4200H	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of the left breast Hypertension		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	--	------------------------------	--------	-------

21. I attended the deceased from **2-20-52** to **9-3-57** and last saw her alive on **9-3-57**
Death occurred at **2:30** p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cawel T. Shaw, MD	(Degree or title)	22b. ADDRESS Hermann, Mo	22c. DATE SIGNED 9-4-57
--	-------------------	------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-6-1957	23c. NAME OF CEMETERY OR CREMATORY. St. John Cemetery	23d. LOCATION (City, town, or county): Berger Mo	(State)
--	------------------------------	---	--	---------

24. FUNERAL DIRECTOR Hugh H. Bumer	ADDRESS Hermann Mo	25. DATE RECD. BY LOCAL REG. Sept. 5-1957	26. REGISTRAR'S SIGNATURE Walter Murphy
--	------------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Sergio H. Llanusa*

Licensed Embalmer No. *3160*

P. O. Address *Herrera*

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.