

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011240

STATE FILE NUMBER

FILED APR 9 1958 Registration District No. 316 Primary Registration District No. 3054 Registrar's No. 137

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1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Flat River</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre</u>			Length of stay in 1b <u>Feb 20-1958</u>		d. STREET ADDRESS <u>212 High</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Mr. Lawrence</u>			First <u>Frederick</u>		Middle <u>Sperry</u>		Last <u>Sperry</u>	
4. DATE OF DEATH		Month <u>March</u>		Day <u>31</u>		Year <u>1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White-Cauc.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 9-1888</u>		
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>69-10-22</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (<u>Pharmacist</u>)		10b. KIND OF BUSINESS OR INDUSTRY <u>Sperry Drug Store</u>		11. BIRTHPLACE (City and state or country) <u>Cobden - Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Mr. Fred Sperry</u>				14. MOTHER'S MAIDEN NAME <u>Miss Maellie Turpin</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes. World War no. 1.</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Eda Sperry (Wife)</u> Address <u>212 High St. Flat River, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ulceration esophagus with hemorrhage</u>								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Lung abscess -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>		DUE TO (c) <u>Staphylococcus pneumoniae 491X</u>		
						<u>6 weeks</u>		
						<u>6 weeks</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic heart disease with Ventricular Aneurysm</u>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>4:30</u> Month, Day, Year <u>Apr 2-1958</u> a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <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 <u>Feb 20 1958</u> to <u>March 31 58</u> and last saw ^{from} him alive on <u>Mar 30, 58</u> Death occurred at <u>4:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Jack W. Hollar M.D.</u>				22b. ADDRESS <u>Bonne Terre, Mo.</u>		22c. DATE SIGNED <u>3-31-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 2-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo. Route no. 1</u>		
24. FUNERAL DIRECTOR <u>Celan Hood</u> ADDRESS <u>303 Crane St. Flat River, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Mar. 31 1958</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 11 1958

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 *Albert Howard*.....

Licensed Embalmer No.... 27
303 Crane St.
P. O. Address Flat River,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.