

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000223
STATE FILE NUMBER

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

REGISTRATION DISTRICT NO. 38 PRIMARY REGISTRATION DISTRICT NO. 3006 REGISTRAR'S NO. 18

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rector's Nursing Home Length of stay in lb 4 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1100 Jefferson St. Reside on Farm Yes No

3. NAME OF DECEASED First Ollie Middle Virgil Last Spry
4. DATE OF DEATH Month 1 Day 7 Year 59

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** NEVER MARRIED
8. DATE OF BIRTH March 20, 1891 **9. AGE** (In years last birthday) 67 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer **10b. KIND OF BUSINESS OR INDUSTRY** retired **11. BIRTHPLACE** (City and state or country) Boonesboro, Missouri **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Henry Spry **13b. MOTHER'S MAIDEN NAME** Anne Isles **14. NAME OF HUSBAND OR WIFE** Sophia Spry

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.** 443X **17. INFORMANT** Mrs. Lois Pepper Address Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 10 days
DUE TO (b) Cerebral thrombosis; multiple 18 mos.
DUE TO (c) Hypertensive and Arteriosclerotic Cardiovasc. Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X **19. WAS AUTOPSY PERFORMED?** YES NO

20a. ACCIDENT **SUICIDE** **HOMICIDE** **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 WORK **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 September 28, 1958 to January 7, 1959 and last saw him alive on Jan 7, 1958
Death occurred at 8:22 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Finsley Jr. M.D. **22b. ADDRESS** 16 So Tenth St. Columbia, Mo. **22c. DATE SIGNED** Jan 8, 1959

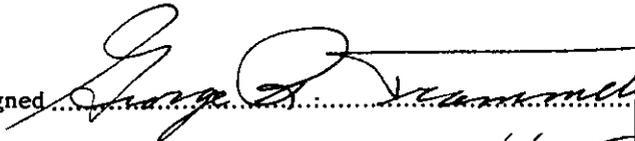
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 1/9/59 **23c. NAME OF CEMETERY OR CREMATORY** Smith Chapel **23d. LOCATION** (City, town, or county) (State) Howard County, Missouri

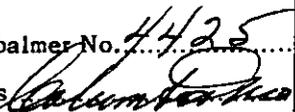
24. FUNERAL DIRECTOR George Trammell ADDRESS Columbia, Mo. **25. DATE RECD. BY LOCAL REG.** Jan 9, 1959 **26. REGISTRAR'S SIGNATURE** Mrs. R.E. Palmer

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. 4425
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.