

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028651

FILED VS. SEP 14 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 195

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		a. STATE Mo		b. COUNTY Gasconade	
Length of stay in 1b 21 days		c. CITY OR TOWN Roark Twp		d. STREET ADDRESS (If outside, give location) 3 mi. West of Hermann		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 mi. West of Hermann		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRIEDA SPERRY				4. DATE OF DEATH Month Day Year Sept 6 1959			
5. SEX Female	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/7/1897	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and state or country) Peoria, Ill		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Peter Lautenschlaeger		13b. MOTHER'S MAIDEN NAME Mary Ulrich		14. NAME OF HUSBAND OR WIFE Richard O. Sperry			
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 Richard O. Sperry, Hermann, 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) Carcinoma of the pancreas						1 1/2 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 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 3-10-48 to 9-6-59 and last saw her alive on 9-6-59							
21. Death occurred at 9:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Cavell T. Shaw, M.D.				22b. ADDRESS Hermann, Mo.		22c. DATE SIGNED 9-8-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/9/1959	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery		23d. LOCATION (City, town, or county) Hermann		(State) Mo	
24. FUNERAL DIRECTOR ADDRESS Hugo H. Blumer Hermann, Mo		25. DATE RECD. BY LOCAL REG. 9/9/59		26. REGISTRAR'S SIGNATURE F.L. Wideman & L.P. Wideman			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hugh St. Louis
Student Embalmer No. _____

Licensed Embalmer No. 3160
P. O. Address Hermann, Mo

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.