

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009701

FILED VS FEB 23 1960

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 10

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY WEBSTER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OZARK Township		Length of stay in 1b	c. CITY OR TOWN MARSHFIELD R2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MI NORTH MARSHFIELD			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 MI WEST	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle W Last SPERANDIO			4. DATE OF DEATH Month FEB Day 12 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-10-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME FRANCIS SPERANDIO		13b. MOTHER'S MAIDEN NAME ASSUNTA CECO		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT LOUIS SPERANDIO MARSHFIELD R2		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE VENTRICULAR ARRHYTHMIA DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CONGESTIVE HEART FAILURE, COMPENSATED					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 _____ a.m. _____ p.m.	Month, Day, Year _____				
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 Sept 18 1959 , to FEB. 12, 1960 and last saw him live on JAN. 8, 1960 Death occurred at 4:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert J. Baris, M.D.			22b. ADDRESS MARSHFIELD, MO.		22c. DATE SIGNED FEB. 15, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-15-1960	23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD		23d. LOCATION (City, town, or county) (State) MARSHFIELD MO	
24. FUNERAL DIRECTOR BARBER EDWARDS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 2-16-60		26. REGISTRAR'S SIGNATURE <i>J. Francis</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George Stapp
Licensed Embalmer No. 3461
P. O. Address M. D. [unclear]

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