

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045150

FILED VS DEC 19 1960 38

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3906 Registrar's No. 690

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 54 days		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Royal Hotel		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL Reece Sprecher				4. DATE OF DEATH Month Day Year 12-12-60			
5. SEX MALE	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 9-22-92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realstate Broker			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pettis County		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME ISAAC Newton Sprecher			13b. MOTHER'S MAIDEN NAME MARY Aida Hughes		14. NAME OF HUSBAND OR WIFE Teresa McClure		
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. not given	17. INFORMANT Address University of Mo. Medical Records				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro-intestinal hemorrhage DUE TO (b) Acute Stress Ulcer DUE TO (c) Carcinoma of urinary bladder & metastases 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							INTERVAL BETWEEN ONSET AND DEATH 8 months
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 19 October 60 to 12 Dec 60 and last saw her alive on 12 Dec 1960 Death occurred at 0050 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Sam W. Thompson MD (Degree or title)			22b. ADDRESS University Hosp Columbia		22c. DATE SIGNED 12 Dec 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 12, 1960	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery, Sedalia, Mo.		23d. LOCATION (City, town, or county) (State) Sedalia Mo			
24. FUNERAL DIRECTOR D.W. Heckart - Sedalia, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. Dec 12 1960	26. REGISTRAR'S SIGNATURE Mrs RE Palmer		

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

L. Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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.