

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014720

STATE FILE NUMBER

Registration District No. 298 Primary Registration District No. _____ Registrar's No. 114

FILED MAY 8 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Warren</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jamesport</u> Length of stay in 1b <u>5 yrs.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
c. CITY OR TOWN <u>Jamesport</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Roy - SPERRY</u>	
4. DATE OF DEATH Month Day Year <u>APR. 26 1962</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 21-1883</u>
9. AGE (last birthday) <u>79</u>	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) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (City and state or country) <u>Boyard, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>George Sperry</u>	13b. MOTHER'S MAIDEN NAME <u>Melissa Wooden</u>
14. NAME OF HUSBAND OR WIFE <u>Estella Sperry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. [Redacted]
17. INFORMANT <u>Mrs. Estella Sperry</u>	Address <u>Jamesport Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension + Arteriosclerosis</u>	
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 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 <u>April 21-62</u> to <u>Apr 26 62</u> and last saw him alive on <u>Apr. 26 - 62</u>	
Death occurred at <u>10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J.B. Bailey D.O.</u>	22b. ADDRESS <u>Jamesport, Mo</u>
22c. DATE SIGNED <u>9-27-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 29-1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>	23d. LOCATION (City, town, or county) (State) <u>Carroll County Mo.</u>
24. FUNERAL DIRECTOR <u>H.A. Leberon</u>	ADDRESS <u>Daltonburg Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>4 May 1962</u>	26. REGISTRAR'S SIGNATURE <u>Wesley M. Engelbert</u>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
10310
20310-
3
4 0
5 1
6
7 0
8 0
9331X
10
11
1290-2
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 D. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Jamesport 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.