

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9213

|  |                                  |   |   |   |  |   |        |
|--|----------------------------------|---|---|---|--|---|--------|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <u>209</u>   |   | PRIMARY REG. DIST. NO. <u>3043</u>  |  | Registrar's No. <u>90</u>   |        |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>   |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Marion</u> |  |   |        |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>   |                                  |   | c. LENGTH OF STAY (in this place) <u>3 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>   |  |   | 2<br>3 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>  |                                  |   |   | d. STREET ADDRESS (If rural, give location) <u>321 W. Hamilton.</u>   |  |   |        |
| 3. NAME OF DECEASED<br>(Type or Print)   |                                  | a. (First) <u>ALBERT</u>  |   | b. (Middle) <u>MILLER</u>   |  | c. (Last) <u>SPRAGUE</u>  |        |
| 4. DATE OF DEATH   |                                  | (Month) <u>Feb.</u>   |   | (Day) <u>25th</u>   |  | (Year) <u>1949</u>  |        |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |   | 8. DATE OF BIRTH<br><u>June 26th 1878</u>   |  | 9. AGE (In years last birthday) <u>70<sup>2</sup></u>                               |        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeral Director</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Home</u>   |   | 11. BIRTHPLACE (State or foreign country) <u>Quincy Illinois</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |        |
| 13a. FATHER'S NAME<br><u>A. D. Sprague</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Annie Miller</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Julia Sprague</u>   |  |   |        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>   |                                  | 16. SOCIAL SECURITY NO. <u>Spanish American</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Julia Sprague Palmyra Mo</u>  |  |   |        |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right middle lobe pneumonia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Congestive heart failure</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>43</u> |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><u>1 month</u>                 |        |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |        |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |   |        |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?  |  |   |        |
| 22. I hereby certify that I attended the deceased from <u>17 Jan</u> , 19 <u>49</u> , to <u>25 Feb</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>25 Feb</u> , 19 <u>49</u> , and that death occurred at <u>8:40 P m.</u> , from the causes and on the date stated above. |                                  |   |   |   |  |   |        |
| 23a. SIGNATURE<br><u>Wyneth Hamlin M.D.</u>  |                                  |   |   | (Degree of title) <u>U</u>  |  | 23b. ADDRESS<br><u>Palmyra Missouri</u>   |        |
| 23c. DATE SIGNED<br><u>7 March 1949</u>  |                                  |   |   |   |  |   |        |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 24b. DATE<br><u>Feb. 28 1949</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Greenwood</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Palmyra Missouri</u>            |        |
| DATE REC'D BY LOCAL REG.<br><u>3-11-49</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Dr. E. M. Lucke By McTish</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>James O'Donnell Hannibal Mo</u>  |  |   |        |

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.4864  
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**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 .....  
Student Embalmer

Signed *Michael J. O'Rourke* .....

Licensed Embalmer No. *3246* .....

P. O. Address *Hannibal 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 this body is not embalmed, fact should be so stated above.