

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27676

State File No.

84

10.48

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Douglas Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>In town rural</u>		c. CITY OR TOWN <u>In town rural</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>DANIEL GILBERT SPRAGUE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-49</u>	
a. (First) _____ b. (Middle) _____ c. (Last) _____		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Apr. 22, 1875</u>		9. AGE (In years last birthday) <u>74</u>	
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	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Solomon Sprague</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Alta Sprague</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Alta Sprague, Red Top, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Nephritic Chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (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) <u>None</u>		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>March</u> , 1949, to <u>18 Aug</u> , 1949, that I last saw the deceased alive on <u>15 Aug</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.	
23. SIGNATURE <u>L. Newton W. Stewart M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>8-24-49</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Jones</u> ADDRESS <u>Buffalo, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 30, 1949</u>		REGISTRAR'S SIGNATURE <u>Robert Gordon</u> 258	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 8-19-108
Date Filed 9-2-49

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 Edward J. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.