

S. No. 300  
V. 10.48

FILED AUG 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29095

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural. Washington Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 D.</u>		d. STREET ADDRESS (If rural, give location) <u>3217 Cleveland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarice</u>		b. (Middle) <u>-</u>	
c. (Last) <u>Sprague</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-19-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-21-1875</u>
9. AGE (In years last birthday) <u>73</u>		# UNDER 1 YEAR Months <u>3</u> Days <u>28</u>	# UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Hardin Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>Jackson</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>OK.</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Probate Judge Jackson Co 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs +</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>-</u>		

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>- - -</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>- - -</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>	

22. I hereby certify that I attended the deceased from 8:17, 1949, to 8:19, 1949, that I last saw the deceased alive on 8:19, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bunch M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>8-19-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 22 '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Cem. Nevada, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>	
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DATE REC'D BY LOCAL REG <u>Aug 22, 1949</u>		REGISTRAR'S SIGNATURE <u>Walter H. Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen E. Harjo</u>		ADDRESS <u>Nevada, Mo.</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

1000

RECEIVED

District Health Officer No. 7

District File Number 7-49-102

Date Filed 8-29-49

SEP 8 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Allen V. Hays

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 10968

P. O. Address Nevada, 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.