

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40517

State File No. _____

20
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>75</u>		
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kings Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>212 N. Kirkpatrick</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie</u> b. (Middle) <u>E.</u> c. (Last) <u>Sprigg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 17, 1863</u>		
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>		IF UNDER 24 HRS. Hours <u>-</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Singleton Sprigg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Owen El Dorado Springs, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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)		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>14 Dec, 1949</u> , to <u>15 Dec, 1949</u> , that I last saw the deceased alive on <u>15 Dec, 1949</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John J. Wilcox, M.D.</u>				23b. ADDRESS <u>El Dorado Springs, Mo</u>		23c. DATE SIGNED <u>16 Dec 49</u>		
24a. BURIAL (CREMATION REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>Dec 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 19, 1949</u>		REGISTRAR'S SIGNATURE <u>per L. K. ...</u>		FEDERAL DIRECTOR'S SIGNATURE <u>...</u>		ADDRESS <u>...</u>		

RECEIVED

District Health Officer No. 7,

District File Number 11-49-1497

Date Filed 12-22-29

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

James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address

El Dorado Springs

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.