

FILED OCT 11 1950

STANDARD CERTIFICATE OF DEATH

30167

State File No.

04114

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3022 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>De Kalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) township) <u>3 months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan's Rest Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>6320</u>	
3. NAME OF DECEASED a. (First) <u>Lucy</u> b. (Middle) <u>Edline</u> c. (Last) <u>Sprague</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>3</u> <u>1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Feb 9-1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (In years last birthday) <u>83</u> <input type="checkbox"/> UNDER 1 YEAR Months <input type="checkbox"/> UNDER 6 HRS. Hours <input type="checkbox"/> Min.
11. BIRTHPLACE (State or foreign country) <u>Shelby Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Couch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E Ward</u>	
14. NAME OF HUSBAND OR WIFE <u>Geo Sprague</u>		14. NAME OF HUSBAND OR WIFE	
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. <u>no</u>	
17. INFORMANT'S SIGNATURE OF NAME <u>Mrs. Leo E Day</u>		ADDRESS <u>Bethany 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>5-10 minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) <u>4-5 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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>Sept</u> , 19 <u>47</u> , to <u>Oct 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>50</u> , and that death occurred at <u>5:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Meriam Goshard MD</u>		23b. ADDRESS <u>Bethany Mo</u>	
23c. DATE SIGNED <u>10/6/50</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-6-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Belmont cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 6-1950</u>		REGISTRAR'S SIGNATURE <u>Zola Burreson</u> ADDRESS <u>Palmer Funeral Home Cameron</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Licensed Embalmer No.....

P. O. Address.....

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.