No. 300
10.48

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23602

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 89

550
1

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon
c. LENGTH OF STAY (In this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 506 S. Hickory

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Beuna Park, 8040
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Windsor
b. (Middle): Branch
c. (Last): Sprague

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1951

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 22, 1875.
9. AGE (In years last birthday): 76 — If under 1 year: Months 1, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): apartment custodian
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Marionville, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Guy Sprague
13b. MOTHER'S MAIDEN NAME: Maggie Wise
14. NAME OF HUSBAND OR WIFE: Anna Sprague -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 561-12-1277A
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Miss Stella Seaman, Mt. Vernon Mo

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): Myocardial Failure (Infarction) — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chr. myocarditis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/29, 1951, *to* 7/30, 1951, *that I last saw the deceased alive on* 7/30, 1951, *and that death occurred at* 11:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth Glover Mo
23b. ADDRESS: Mt. Vernon, Mo
23c. DATE SIGNED: 8/2/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 2, 1951
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
24d. LOCATION (City, town, or county) (State): Marionville, Mo.

DATE REC'D BY LOCAL REG.: Aug 4, 1951
REGISTRAR'S SIGNATURE: Cecil Hendricks 411
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J.B. Hurridge Marionville Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 8 1951
Dist. File 83-1-1461
Date Filed 8-9-51

AUG 14 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Herman Turridge

Signed.....
Student Embalmer

Licensed Embalmer No. 3072

P. O. Address Marionville 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.