

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37611

State File No. ....

DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 3005 Registrar's No. 107

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>  |  |
| c. LENGTH OF STAY (in this place) <u>12 yrs.</u>                                   |  | d. STREET ADDRESS (If rural, give location) <u>309 S. Main</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 S. Main</u>                         |  |   |  |

|  |                           |   |   |  |   |
|--|---------------------------|---|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Dorothy</u> b. (Middle) <u>D.</u> c. (Last) <u>Spriggs</u> |                           |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>12-7-52</u>                   |  |   |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>6-6-1910</u>  | 9. AGE (in years last birthday) <u>42</u>  | IF UNDER 1 YEAR: Month <u>6</u> Days <u>7</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>Home</u>                         | 11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Co. Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |   |

|   |  |                                       |  |  |  |
|---|--|---------------------------------------|--|--|--|
| 13a. FATHER'S NAME <u>Samuel C. King</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Cora</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm. Spriggs</u>                           |  |  |
| 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>NONE</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Spriggs Butler, Mo.</u> |  |  |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 min.</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u> |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                     |  | <u>15 years</u>                                    |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION                   | 19b. MAJOR FINDINGS OF OPERATION <u>4202</u>   | 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 Sept. 1940, to 12-6-1952, that I last saw the deceased alive on Sept. 6, 1952, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

|  |                           |   |   |                                 |
|--|---------------------------|---|---|---------------------------------|
| 23a. SIGNATURE <u>L. D. LaHue M.D.</u> (Degree or title) |                           | 23b. ADDRESS <u>Butler Mo.</u>                            |   | 23c. DATE SIGNED <u>12-9-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)                | 24b. DATE <u>12-10-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Blue Mound Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Blue Mound, Kansas</u> |                                 |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>Dec. 9-52</u> | REGISTRAR'S SIGNATURE <u>Kendall Kerney</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John S. Underwood Butler, Mo.</u> |
|---|---|---|

(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

*John J. Underwood*

Licensed Embalmer No. 3560

P. O. Address Butler 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.