

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7883**

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **211**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff	
c. LENGTH OF STAY (in this place) 8 yrs		d. STREET ADDRESS (If rural, give location) 725 Sanders	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) c. (Last) Sprouse	4. DATE OF DEATH (Month) (Day) (Year) March 24 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24, 1880	9. AGE (In years) (Months) (Days) (Hours) (Min.) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Arkansas	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE George Sprouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. Staley Cawker Kansas	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Fibrosclerotic		
	DUE TO (c) Myocardial Infarction		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **July 1953**, to **24 Mar, 1954**, that I last saw the deceased alive on **24 Mar, 1954** and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Brubaker MD	23b. ADDRESS 3210A Poplar Bluff, Mo.	23c. DATE SIGNED 26 Mar 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3025054	24c. NAME OF CEMETERY OR CREMATORY Lincoln, Kansas	24d. LOCATION (City, town, or county) (State) Lincoln, Kansas
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DATE REC'D BY LOCAL REG. 3/31/54	REGISTRAR'S SIGNATURE W. H. Brubaker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Deer Croy & Fitch Poplar Bluff, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 5 - 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 21 1957

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 Joseph R. Matlock
Licensed Embalmer No. 4824

P. O. Address Opau Bluff, Me

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.