

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23138**

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **201**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY OR TOWN Gravois Mills d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 4 days		e. STREET ADDRESS (If rural, give location) 6 miles S.E. Gravois Mills, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Taylor	c. (Last) Sprigg	4. DATE OF DEATH (Month) (Day) (Year) Aug. 5th, 1955.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14th, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months II Days 21	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machanic	10b. KIND OF BUSINESS OR INDUSTRY Heating plant	11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Henry Sprigg	13b. MOTHER'S MAIDEN NAME Nancy Frances Taylor	14. NAME OF HUSBAND OR WIFE Gertrude M. Sprigg
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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. 495-01-8086	17. INFORMANT'S SIGNATURE OR NAME Gertrude M. Sprigg, Gravois Mills, Mo.	ADDRESS Gravois Mills, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of abdominal aneurysm		7 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio sclerosis, general	Indefinite
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		451X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 1**, 1955, to **Aug 5**, 1955, that I last saw the deceased alive on **Aug 5**, 1955, and that death occurred at **11-45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John E. Lantry M.D.	23b. ADDRESS 111 W. 4th St Sedalia Mo.	23c. DATE SIGNED 8/5/55.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 5-1955	24c. NAME OF CEMETERY OR CREMATORY Smith Chapel cemetery	24d. LOCATION (City, town, or county) (State) Saline County, Missouri.
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DATE REC'D BY LOCAL REG. 8-5-55	REGISTRAR'S SIGNATURE Lavinia Coontz	FUNERAL DIRECTOR'S SIGNATURE Ampbell-Lewis	ADDRESS MARSHALL, Mo.
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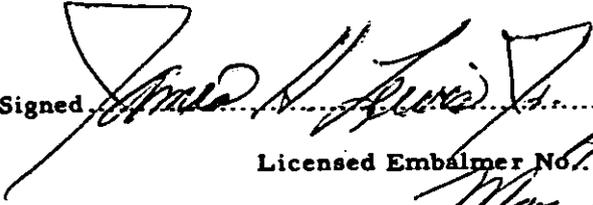
(Enclosed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 470.....
P. O. Address Marshall.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.