

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41570**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **47**

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>F.</b> c. (Last) <b>SPRINKLE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 24, 1955</b>
---	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 30, 1902</b>	9. AGE (In years last birthday) <b>53</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Common</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sedalia, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	--	--	--

13a. FATHER'S NAME <b>Richard Sprinkle</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Lindsey</b>	14. NAME OF HUSBAND OR WIFE <b>L. Frances Sprinkle</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>340-10-6021</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. L. Frances Sprinkle, Smithton, Mo</b>
--	---	--

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) <b>Pulmonary Infarction</b>	<b>Immediate</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Vascular Disease with arteriosclerotic heart disease</b> DUE TO (c) <b>Diabetes Mellitus</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	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) (m.)	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 **23 Dec, 1955**, to **24 Dec, 1955**, that I last saw the deceased alive on **23 Dec, 1955**, and that death occurred at **9:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl D. Weigert, M.D.</b> (Degree or title)	23b. ADDRESS <b>1216 W. 18th St. Sedalia, Mo</b>	23c. DATE SIGNED <b>26 Dec 55</b>
--	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/26/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>12-26-55</b>	REGISTRAR'S SIGNATURE <b>James C. Cozart, Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. H. Neekart Sedalia, Mo</b>
---	---	--

(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.....  
Signature of Student Embalmer

Signed *Russell C. Mead*.....

Licensed Embalmer No. *48*.....

P. O. Address *Sedalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.