

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7851

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 741

1. PLACE OF DEATH a. COUNTY <i>Vermon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <i>Mo</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Washington</i>		c. LENGTH OF STAY (In this place) <i>12-27-55</i>	c. CITY OR TOWN <i>Joplin</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp No 3</i>		• STREET ADDRESS (If rural, give location) <i>2703 Salem</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>W.</i>	b. (Middle) <i>P.</i>	c. (Last) <i>Spradlin</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>9/14/1956</i>
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>11/16/1872</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>27</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Hugh Spradlin</i>	13b. MOTHER'S MAIDEN NAME <i>Smithman</i>	14. NAME OF HUSBAND OR WIFE <i>Lucy B Young (deceased)</i>
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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) <i>unknown</i>	16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Records, State Hosp 3</i>	ADDRESS <i>Reverend Mo</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Arterio Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 mos</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senile Dementia</i>		
	DUE TO (c) <i>Fracture of Hip 9047</i>		<i>2 wks</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, in car, street, office, etc.) <i>Hosp Ward</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Washington Twp 0 Vermon Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Feb 25-1956 m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Falling on floor</i>
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22. I hereby certify that I attended the deceased from *12/27*, 19*55*, to *March 7*, 19*56*, that I last saw the deceased alive on *May 6*, 19*56*, and that death occurred at *2:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Shirley Duggard M.D.</i>	23b. ADDRESS <i>State Hosp No 3</i>	23c. DATE SIGNED <i>3/19/56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>3-9-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>MACKEY CEMETERY</i>	24d. LOCATION (City, town, or county) (State) <i>POMONA, MISSOURI</i>
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DATE REC'D BY LOCAL REG. <i>3-10-1956</i>	REGISTRAR'S SIGNATURE <i>Anna E. Furrows</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gene Parker</i>	ADDRESS <i>Ray & Mayles Joplin Mo</i>
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(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 *F. M. Jones*.....

Licensed Embalmer No. *23*

P. O. Address *Joplin*

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