

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7934

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY OR TOWN <u>Kirksville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Laughlin Hosp.</u>				STREET ADDRESS (If rural, give location) <u>1016 N. Oakland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>L.</u>		c. (Last) <u>SPRIGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married (Never)</u>		8. DATE OF BIRTH <u>Aug. 17 1938</u>	
9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of year even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Queen City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harold Spriggs</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Ryals</u>			14. NAME OF HUSBAND OR WIFE <u>Not Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold J. Spriggs</u> ADDRESS <u>Kirksville, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SELF INFLICTED GUN-SHOT WOUND</u> ANTECEDENT CAUSES <u>Rt. Temple - with MEDULLARY FAILURE SECONDARY TO INCREASED INTRACRANIAL HEMORRHAGE AND PRESSURE</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DESTRUCTION RT. EYE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u>	
19a. DATE OF OPERATION <u>4-5-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>RT EYE ENUCLEATED</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KIRKSVILLE ADAIR Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-5-56 5p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>22 CAL GUNSHOT RT TEMPLE</u>			
22. I hereby certify that I attended the deceased from <u>4-5</u> , 19 <u>56</u> , to <u>4-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-6</u> , 19 <u>56</u> , and that death occurred at <u>7:30p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl Laughlin</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>4-6-56</u>	
24a. BURIAL PLACE (Specify) <u>Burial</u>		24b. DATE <u>April 9 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-7-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Novel Foster</u> ADDRESS <u>Kirksville, Mo.</u>			

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 *Novat E Foster*.....
Licensed Embalmer No. *474*.....

P. O. Address *Kuberville*.....

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.