

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8856

BIRTH NO. _____		REG. DIST. NO. 132	PRIMARY REG. DIST. NO. 3021	Registrar's No. 49
I. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MO b. COUNTY Grundy		
b. CITY OR TOWN Trenton	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Trenton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 317 E 17th St.		No. STREET ADDRESS (If rural, give location) 317 E 17th St. 4020		
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Milton	c. (Last) Sprout	4. DATE OF DEATH (Month) (Day) (Year) MAY 13 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 24, 1864	9. AGE (In years last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Agriculture.	11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Wid T. Sprout		13b. MOTHER'S MAIDEN NAME Phoebe Vincil	14. NAME OF HUSBAND OR WIFE Jessie W. Sprout.	
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie W. Sprout Trenton, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 331X			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) _____	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 _____, 1956, to _____, 1956, that I last saw the deceased alive on _____, 1956, and that death occurred at _____ m., from the cause and on the date stated above.				
23a. SIGNATURE Oliver F. Duffy, M.D.		23b. ADDRESS Trenton Mo		23c. DATE SIGNED March 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/15/56	24c. NAME OF CEMETERY OR CREMATORY K.P. Cemetery	24d. LOCATION (City, town, or county) Trenton, Mo.	
DATE REC'D BY LOCAL REG. 3-17-56	REGISTRAR'S SIGNATURE Gene Fair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gordon Blackmar Trenton, Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

O.F. DUFFY

(Licensed Embalmer's Statement on Reverse Side)

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 *Harold L Roberts*.....

Licensed Embalmer No. *4924*

P. O. Address *Leontas, N.*

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.