

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14205

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3852 Registrar's No. 190

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) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>24 hrs.</b>	c. CITY OR TOWN <b>Lamonte</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>none</b>		<b>0800/</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>NICHOLAS</b> c. (Last) <b>SPRINKLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 16, 1956</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>Feb. 28, 1908</b>
9. AGE (In years last birthday) <b>48</b>		10. MONTHS <b>48</b>	11. IF UNDER 1 YEAR Months <b>48</b>
12. IF UNDER 24 HRS. Hours <b>48</b>		13. IF UNDER 24 HRS. Min. <b>48</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lineman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Joseph Sprinkle</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Comfort</b>		14. NAME OF HUSBAND OR WIFE <b>Marietta Mettenburg</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marietta Sprinkle,</b>		ADDRESS <b>Lamonte, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>Coronary infarct with</b>  INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____	
ANTECEDENT CAUSES		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Myocardial infarct</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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) (Min.) _____	
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 <b>4-15, 1956</b> , to <b>4-16, 1956</b> , that I last saw the deceased alive on <b>4-16, 1956</b> , and that death occurred at <b>9:15 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Clara Jordan Humphreys M.D.</b>		23b. ADDRESS <b>Sedalia, Missouri</b>	
23c. DATE SIGNED <b>4-17-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4/19/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Herman Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Rural Pettis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Sedalia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-18-56</b>		REGISTRAR'S SIGNATURE <b>Lavinia Coontz Deput</b>	
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Sedalia, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
4857  
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *P. E. Baker*.....

Licensed Embalmer No. *24*.....

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

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