FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44537

Registration District No. 354 Primary Registration District No. 6201 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY TEXAS
b. CITY OR TOWN SARGENT Twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 6mi. E. CABOOL Length of stay in Hospital 4 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY TEXAS
c. CITY OR TOWN SARGENT twp. Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Beside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle WILSON Last SPRIGGS

4. DATE OF DEATH Month 12 Day 11 Year 56

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH 12-4-1897

9. AGE (In years last birthday) 59 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) FARMING

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) GOODNIGHT, OKLA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. W. SPRIGGS

14. MOTHER'S MAIDEN NAME HANNAH I. LEE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Ulan Cook, Address Cabool, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis & hypertension
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 6-56, to Dec 11-56 and last saw ~~the~~ him alive on Dec 11-56
Death occurred at 3:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Francis (Degree or title) M.D.

22b. ADDRESS Cabool, Mo

22c. DATE SIGNED 12/12/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 12-13-56

23c. NAME OF CEMETERY OR CREMATORY Mt. PISGAH

23d. LOCATION (City, town, or county) TEXAS Co. (State) Mo.

24. FUNERAL DIRECTOR Elliott-Gentry ADDRESS Cabool, Mo

25. DATE RECD. BY LOCAL REG. 12-13-56

26. REGISTRAR'S SIGNATURE Gaynell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 James L. Gentz

Licensed Embalmer No. 471

P. O. Address Caribou, Me

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.