

FILED FEB 11 1957

STANDARD CERTIFICATE OF DEATH

State File No. 2271

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5926		Registrar's No. 113	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY PETTIS		b. CITY OR TOWN SEDAVIA (RURAL)		a. STATE MISSOURI		b. COUNTY GREENE	
c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN SPRINGFIELD		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 South Hwy 65				e. STREET ADDRESS (If rural, give location) Hotel 0396			
3. NAME OF DECEASED (Type or Print)		a. (First) EDDIE		b. (Middle) LE ROY		c. (Last) SPRINKLE	
4. DATE OF DEATH (Month) (Day) (Year)		Feb 3 1957					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAY 23-1933	
9. AGE (in years last birthday) 23		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HORSE TRAINER.		10b. KIND OF BUSINESS OR INDUSTRY HORSE STABLE		11. BIRTHPLACE (City and State or Foreign Country) LA MONTE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDDIE SPRINKLE		13b. MOTHER'S MAIDEN NAME OPAL SIARD		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-36-9870		17. INFORMANT'S SIGNATURE OR NAME MO OPAL WHEELER L. MONTE MO ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to chest		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pettis 08 Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 2-3-57 1:55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Two car automobile accident at intersection of Highway 65 & Highway 10			
22. I hereby certify that I attended the deceased from 10 AM , 10 , that I last saw the deceased alive on 2-3-57 , and that death occurred at 155A m., from the causes and on the date stated above.							
23a. SIGNATURE Chas Gordon Hayfish MD (Degree or title)				23b. ADDRESS Cornucopia, Pettis Co		23c. DATE SIGNED 2-3-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-57		24c. NAME OF CEMETERY OR CREMATORY LA MONTE CEMETERY		24d. LOCATION (City, town, or county) (State) LA MONTE MO	
DATE REC'D BY LOCAL REG. 2-6-57		REGISTRAR'S SIGNATURE J. W. Boone, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore, La Monte Mo ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 19 1957

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 *K.P.M. Lary*
Licensed Embalmer No. *315*

P. O. Address *Sedalia*

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.