

Health,
& Welfare
S. Public
th Service

STANDARD CERTIFICATE OF DEATH

36281

STATE FILE NUMBER

FILED NOV 1 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 446

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Missouri <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> . b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Independence</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Raytown</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>		Length of stay in lb <u>1 Day</u>	d. STREET ADDRESS (If outside, give location) <u>6200 George Road.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle Last <u>SPROUL</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>22</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 26, 1874</u>
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>1</u> DAYS <u>1</u>	11. IF UNDER 1 YEAR IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Q. Sproul</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Roberts.</u>	
14. NAME OF HUSBAND OR WIFE <u>-----</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO.</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs Ruth Scott, Raytown, Missouri.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal Perforation & Peritonitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 Hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Intestinal Obstruction</u>			
DUE TO (c) <u>Pericarditis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Quarantine Tuberculosis. 153XA</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>December 55</u> to <u>October 22, 1957</u> and last saw him alive on <u>October 22, 1957</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert H. Fisher M.D.</u> (Degree or title)		22b. ADDRESS <u>Raytown, Mo.</u>	
22c. DATE SIGNED <u>10/23/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 23/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Wirtonia, Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Crestline, Kansas.</u>	
24. FUNERAL DIRECTOR <u>KEPLEY-RAYTOWN,</u> ADDRESS <u>Raytown, Missouri.</u>		25. DATE RECD. BY LOCAL REG. <u>10-23-57</u>	
26. REGISTRAR'S SIGNATURE <u>James L. Craig</u>			

OCT 30 1967

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 *Dillon L. Kessler*.....
Licensed Embalmer No. *4925*.....

P. O. Address *INDEP. MO*.....

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.