

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

425

State File No. _____

FILED JAN 28 1958

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4062 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>ALFRED</u>		c. (Last) <u>SPOUSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan/ 22 1958</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>August 4, 1881</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u>		11. BIRTHPLACE (State or foreign country) <u>Bybee, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Alfred Sprouse</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Virgie Waters Sprouse</u>	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-34-8890</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virgie Sprouse</u> ADDRESS <u>Cowgill, Mo.</u>	
--	--	--	--	---	--

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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>					
		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 _____				20. AUTOPSY? <u>2</u> 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) <u>4201</u>	
--	--	--	--	--	--

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 January 22 1958, to Jan. 22, 1958, that I last saw the deceased alive on Jan. 22, 1958, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Hilborn</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Cowgill, Mo</u>		23c. DATE SIGNED <u>1-24-58</u>	
--	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 25, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cowgill, Mo</u>	
---	--	--------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>Jan. 24 1958</u>		REGISTRAR'S SIGNATURE <u>Dr. Carl L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mead-Pitts Funeral Service</u> ADDRESS <u>Braymer, Mo</u>	
--	--	--	--	---	--

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

499

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Bernard J. Mead* _____

Licensed Embalmer No. 2801

P. O. Address Braymer, MISSOURI.

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 this body is not embalmed, fact should be so stated above.