

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 6 9 2

FILED VS JAN - 4 1960 72

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5289 Registrar's No. 221

ENDED

1. PLACE OF DEATH a. COUNTY <u>Plays</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Plays</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Callatin</u>		Length of stay in 1b <u>life</u>		c. CITY OR TOWN <u>Liberty</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt Liberty, Mo</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt, Box 21</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>RALPH R SPRINKLE</u>				4. DATE OF DEATH Month Day Year <u>Dec. 22-59</u>			
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-8-1900</u>	
				9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Inspector</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>U.P. Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Harden Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Charles Sprinkle</u>				13b. MOTHER'S MAIDEN NAME <u>Annie Lemmee</u>		14. NAME OF HUSBAND OR WIFE <u>John Sprinkle</u>	
15. HAS 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>w</u>		17. INFORMANT <u>Mrs. Ralph Sprinkle Rt Liberty, Mo</u>	
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>Coronary Occlusion</u> DUE TO (b) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Previous Coronary Occlusion 7 yrs ago -</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year							
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>1944</u> to <u>Dec 22 1959</u> and last saw ^{him} alive on <u>Dec 15, 1957</u> Death occurred at <u>11:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Henry W. Henderson MD</u>				22b. ADDRESS <u>Liberty, Mo</u>		22c. DATE SIGNED <u>12-22-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 24, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Liberty Missouri</u>	
24. FUNERAL DIRECTOR <u>Church-Creeher Co Liberty, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12/24/59</u>		26. REGISTRAR'S SIGNATURE <u>Alice L. Humphries Deputy Reg.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 11

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Pa

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.