

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-045038**

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 4022 Registrar's No. 157

**FILED NOV 27 1963**

DO NOT WRITE ON THIS STUB  
 AMENDED  
 VS 300 Rev. 4/59  
 1 0899X  
 2 8150  
 3  
 4 0  
 5 1  
 6  
 7 1  
 8 2  
 9 X  
 10  
 11 089  
 12 91-3  
 13 20  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Twp</b>		Length of stay in 1b <b>Traveling on Highway M-10</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 mi. west of Richmond, Mo on Highway M-10</b>		d. STREET ADDRESS (If outside, give location) <b>941 Tenny Ave,</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MACK SPROUSE</b>		4. DATE OF DEATH Month Day Year <b>Nov. 16, 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 18, 1905</b>
9. AGE (last birthday) <b>59yrs.</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>parking lot attend-ent</b>	11. BIRTHPLACE (City and state or country) <b>Tenn.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Irene Sprouse</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.#2</b>		16. SOCIAL SECURITY NO.   17. INFORMANT Address <b>Donald Sprouse, Kansas City, Kan.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for ...) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Head &amp; Chest Injury</b> DUE TO (b) <b>Head on wheel - Ford Car</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Automobile accident on highway</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>6:10 p.m.</b>		Month, Day, Year <b>11 16 63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State highway</b>	20f. CITY, TOWN, OR LOCATION <b>Richmond</b>
COUNTY <b>Ray</b>		STATE <b>Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>6:10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Don Swartzford Caron</i>		22b. ADDRESS <b>Richmond Mo.</b>	
22c. DATE SIGNED <b>11-16-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11-20-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cowgill Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Cowgill, Mo</b>
24. FUNERAL DIRECTOR <b>Mead-Pitts</b>		ADDRESS <b>Braymer, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-22-1963</b>
		26. REGISTRAR'S SIGNATURE <i>Malcolm Jackson</i>	

DEC 2 1963

*Permit not obtained*

**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 *Permit Mead*

Licensed Embalmer No. 2501

P. O. Address *Prager, 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.