

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36980

FILED DEC 12 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Washburn twp)		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Cassville RFD	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 1/2 mi. N-W of Washburn		e. STREET ADDRESS (If rural, give location) 5 mi. S-E of Cassville 0050	

3. NAME OF DECEASED (Type or Print) ELMER (X) SPRINKLES			4. DATE OF DEATH (Month) (Day) (Year) 11 29 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-15-28 mm	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 9 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw mill operator		10b. KIND OF BUSINESS OR INDUSTRY Saw Mill	11. BIRTHPLACE (City and State or Foreign Country) Washburn, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jake Sprinkles	13b. MOTHER'S MAIDEN NAME Faye Galen	14. NAME OF HUSBAND OR WIFE Vonnie Vanderpool Sprinkle
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. (If yes, give year or date of service) 11-Korean-497-32-7505	17. INFORMANT'S SIGNATURE OR NAME Vonnie Sprinkles-Cassville, Mo.	ADDRESS _____
---	---	--	---------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries to head, neck & back (stroke)		INTERVAL BETWEEN ONSET AND DEATH
	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? 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.) 1 1/2 mi. N-W of Washburn	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washburn Township Barry Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-29 1956 1:30 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? one car accident - failed to make curve

22. I hereby certify that I attended the deceased from **November 29, 1956**, to _____, 19____, that I last saw the deceased **Die** on **Dec 29, 1956**, and that death occurred at **9:30 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul D. Nembert coroner	23b. ADDRESS Cassville, Missouri	23c. DATE SIGNED 12-2-1956
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-4-56	24c. NAME OF CEMETERY OR CREMATORY Roller-King Cemetery Barry Co.	24d. LOCATION (City, town, or county) (State) Missouri
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 12-4-'56	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE Davis-Williamson	ADDRESS Cassville
--	---	--	--------------------------

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

10-0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1256-204

DATE REC. 12-10-56

RECEIVED
DEC 12 1956

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 Myself..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ray E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville

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.