

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

109

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - RICHLAND TWSP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - RICHLAND TWSP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) LAMAR, MO. R2	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) EDWARD c. (Last) SPRENKLE			4. DATE OF DEATH (Month) (Day) (Year) JAN 20 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 21 1882
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (State or foreign country) CHETOPA, KANSAS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME KANAN EMANUEL SPRENKLE		13b. MOTHER'S MAIDEN NAME MARY ANN ROBERTS	14. NAME OF HUSBAND OR WIFE HAZEL THOMAS SPRENKLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. XXX	17. INFORMANT'S SIGNATURE OR NAME MRS. HAZEL SPRENKLE.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LAMAR Barton Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>Jan 13</u> , 19 <u>50</u> , to <u>Jan 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 19</u> , 19 <u>50</u> , and that death occurred at <u>1:05 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D.R. Guldner M.D.		23b. ADDRESS LAMAR Mo	23c. DATE SIGNED Jan 21. 50.
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 23 1950	24c. NAME OF CEMETERY OR CREMATORY ST. MARYS CEMETERY	24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI
DATE REC'D BY LOCAL REG. JAN 21 1950	REGISTRAR'S SIGNATURE Hazel A. Pugh	25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME,	ADDRESS LAMAR, MO.

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

RECEIVED JAN 31 1950
District Health Office No. 6,
District File Number 150-159
Date Filed 1-31-50

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
Student Embalmer

Signed

Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.