

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7482**

BIRTH NO. 12811-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 73

0013
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Date written

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>adair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O.S. Hosp. & Clinic</u>			d. STREET ADDRESS (If rural, give location) <u>K.C.O.S. Hosp. & Clinic</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Lesly</u> c. (Last) <u>Spriggs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 16 1950</u>	
5. SEX <u>F</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>March 16, 50</u>
9. AGE (in years last birthday) <u>8</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	IF UNDER 18 HRS. Min. <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Kirkville, Mo</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Lesly B. Spriggs</u>		13b. MOTHER'S MAIDEN NAME <u>Ruthmary Wahn</u>		14. NAME OF HUSBAND OR WIFE <u>Lesly B. Spriggs</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lesly B. Spriggs</u> ADDRESS <u>Kirkville Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete atelelectasis</u>		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) <u>Prematurity (6 1/2 mos)</u> DUE TO (c) <u>Diabetes</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7625</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from March 16, 1950, to March 16, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. R. Remann</u> (Degree or title)		23b. ADDRESS <u>K.C.O.S. Clinic Kirkville Mo</u>		23c. DATE SIGNED <u>3/16/50</u>	
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24a. DECEASED'S CREMATION REMOVAL (Date) <u>March 17, 1950</u>		24b. DATE <u>3-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arlington Cem</u>	
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DATE REC'D BY LOCAL REG. <u>3-18-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirkville, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 28 1950
District Health Officer No. 10
District File Number 320-538
Date Filed MAR 28 1950

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 Embalmer No.

Signed.....

Robert B. Davis

Signed.....

Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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 this body is not embalmed, fact should be so stated above.