.S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19575

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5175 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branch Rural, Rural
c. LENGTH OF STAY (in this place): about 65 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branch Mo. Rural, Rural
d. STREET ADDRESS (If rural, give location): 0150

3. NAME OF DECEASED (Type or Print)
a. (First): HANNAH
b. (Middle): —
c. (Last): SPROUSE

4. DATE OF DEATH (Month) (Day) (Year): July - 2 - 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W W
8. DATE OF BIRTH: June - 22 - 1865
9. AGE (In years last birthday): 85 | If under 1 year: Months: 4 | Days: 10 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): _____
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: ~~Foley~~ Unknown
14. NAME OF HUSBAND OR WIFE: Young Sprouse (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): _____ (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hannah Adams
ADDRESS: Branch, Mo

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) Chronic Interstitial — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 592X

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☒

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): _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: _____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* 6-25, 1950, *to* 7-2, 1950, *that I last saw the deceased alive on* 7-2, 1950, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. D. Myers (Degree or title): M.D.
23b. ADDRESS: Macks Creek Mo
23c. DATE SIGNED: 7-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-1950
24c. NAME OF CEMETERY OR CREMATORY: Hopewell Cem.
24d. LOCATION (City, town, or county) (State): Dallas Co. MO

DATE REC'D BY LOCAL REG.: 7-5-50
REGISTRAR'S SIGNATURE: G. D. Myers M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Vaughan-Rees
ADDRESS: Urbana Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7/2/5
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed 7/14/50

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 Allen W. Vaughan
Licensed Embalmer No. 4156
P. O. Address Urbana, 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.