

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27219

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 341		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>6 MOS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		1461		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1211 West Elm. Sorden Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ANGELINE</u> c. (Last) <u>SPRADLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 29, 1950</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 21, 1961</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Howell Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ELIGAH WOODY</u>			13b. MOTHER'S MAIDEN NAME <u>CAROLINE HOUSTON</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM SPRADLIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CARRIE MASTERS MO.</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> <u>?</u> <u>?</u> <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22: I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. Saunders M.D.</u>				23b. ADDRESS <u>Independence</u>		23c. DATE SIGNED <u>8-29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) (State) <u>PEACE VALLEY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 30, 1950</u>		REGISTRAR'S SIGNATURE <u>James D. Saly</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Peabo</u>		ADDRESS <u>Independence</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
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SEP 5 RECD

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

Roland R. Specker

Licensed Embalmer No. *3604*

P. O. Address *Indy, 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.