

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31293

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 502 NO. PROSPECT	
d. FULL NAME OF HOSPITAL OR INSTITUTION 502 NO. PROSPECT			

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) PRYOR c. (Last) SPILLERS			4. DATE OF DEATH (Month) (Day) (Year) Sent. 24, 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 20, 1871	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Otterville, Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John C. Stratton	13b. MOTHER'S MAIDEN NAME Sarah Starke	14. NAME OF HUSBAND OR WIFE Chas. L. Spillers
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. N.H. Fisher, Sedalia, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident, Haemaplegia, left		7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bundle bunch block, coronary involvement, Since April, 12th to my knowledge. DUE TO (c) Hypertension, arterio-sclerosis, long standing.		3.37x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural death.	21b. PLACE OF INJURY (e.g., in or about residence, factory, street, office bldg., etc.) No injury.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No injury.
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury.
---	--	--

22. I hereby certify that I attended the deceased from **April, 22, 1950, to Sept. 24, 1950**, that I last saw the deceased alive on **Sept. 24, 1950**, and that death occurred at **2.30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.B. Prader, M.D.	23b. ADDRESS 112 West 4th Street, Sedalia, Mo.	23c. DATE SIGNED 9-26-50
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 26, 1950	24c. NAME OF CEMETERY OR CREMATORY New Lebanon, Mo.	24d. LOCATION (City, town, or county) (State) New Lebanon, Mo.
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. 9-26-1950	REGISTRAR'S SIGNATURE W. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE W. Beckert	ADDRESS Sedalia, Mo.
---	--	--	-----------------------------

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

5804

0804

RECEIVED

10/2/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

10/2/50

OCT 7 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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed

W. H. Heston

Licensed Embalmer No.

3470

P. O. Address

Sidalia, 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.