

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1909

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. HICKORY ST</u>		d. STREET ADDRESS (If rural, give location) <u>5. WASHINGTON ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>SPRINKLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 11, 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 27, 1861</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>OWN HOME</u>	9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u> IF UNDER 12 HRS. Hours <u>—</u> Min. <u>—</u>
11. BIRTHPLACE (State or foreign country) <u>MONROE Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM HAYDON</u>		13b. MOTHER'S MAIDEN NAME <u>BELLE GOODWIN</u>	
14. NAME OF HUSBAND OR WIFE <u>ROBT. L. SPRINKLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RICHARD THOMPSON, PARIS, Mo.</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of the coronary arteries</u> ANTECEDENT CAUSES <u>None</u> DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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 <u>Oct 12, 1951</u> to <u>1-11, 1951</u> , that I last saw the deceased alive on <u>1-11, 1951</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>PARIS, Mo.</u>	
23c. DATE SIGNED <u>1-11-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>PARIS, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed Orskey, PARIS, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-11-51</u>		REGISTRAR'S SIGNATURE <u>J.A. Barnett, M.D.</u>	

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

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MAY 22 1951

Date Received: JAN 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-57-83
Date Filed: JAN 20 1951

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..... *E. H. Agnew*

Licensed Embalmer No. *4000*

P. O. Address..... *Paris, 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.