

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17151  
Registrar's No. 53

542  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>14 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hodge, rural Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 10 miles East of Hodge</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>					
3. NAME OF DECEASED a. (First) <u>MILES</u>		b. (Middle) <u>LOREN</u>	c. (Last) <u>SPRAGUE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 8, 1887</u>	9. AGE (In years last birthday) <u>64</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Not known</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Sprague</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Platt</u>		14. NAME OF HUSBAND OR WIFE <u>Maydean Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>not known</u>		16. SOCIAL SECURITY NO. <u>not known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maydean Sprague, Hodge, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Disease</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Secondary to</u>				
	DUE TO (c) <u>Raynaud's Disease</u>				
II. OTHER SIGNIFICANT CONDITIONS	<u>amputation both legs due to above</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4530</u>			
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>April 29, 1951</u> , to <u>May 12, 1951</u> , that I last saw the deceased alive on <u>May 12, 1951</u> , and that death occurred at <u>12:30 A.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. W. W. Wardman</u>			23b. ADDRESS <u>1315 Franklin Ave. Lexington Missouri</u>	23c. DATE SIGNED <u>May 13, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dover</u>	24d. LOCATION (City, town, or county) (State) <u>Dover, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. E. Eastbrook</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Eastbrook</u>	ADDRESS <u>157 1/2</u>		

RECEIVED 5-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-23-51 \_\_\_\_\_

(DISTRICT HEALTH OFFICE)

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 \_\_\_\_\_

*Norman W. Johnson*

working under my personal supervision.

Student Embalmer No. 427

Signed *Geo. W. Kear*

Signed *Norman W. Johnson*  
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Leungton, Mass*

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.