

42051

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 216

FILED DEC 26 1951

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>	
c. LENGTH OF STAY (in this place) <u>24yrs</u>		d. STREET ADDRESS (If rural, give location) <u>601 Locust St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 Locust St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACKIE</u>	b. (Middle) <u>LEROY</u>	c. (Last) <u>SPRADLING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1951</u>
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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>November 21, 1927</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 100 HRS Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coca Cola Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clyde Spradling</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Spradling</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>515-18-4977</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Spradling</u>	ADDRESS <u>Carl Junction, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARBON MONOXIDE POISONING</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(PROVEN BY BLOOD SAMPLES)</u>		
	DUE TO (c) <u>E8920</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Carl Junction, Mo.</u> (COUNTY) <u>JASPER</u> (STATE) <u>MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-17-51</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>UNIDENTIFIED GAS FURNACE FUMES OF CARBON MONOXIDE</u>
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22. I hereby certify that I attended the deceased from Did not attend, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at Approx. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Hutchelton</u> (Degree or title) <u>Dr. J. P. M.D.</u>	23b. ADDRESS <u>Joplin, Mo.</u>	23c. DATE SIGNED <u>12-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>
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DATE REC'D BY-LOCAL REG. <u>Dec 20-51</u>	REGISTRAR'S SIGNATURE <u>W. L. Hutchelton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/24/51

Jasper County Health Office

County File Number 51/12/1431

Date Filed 12/26/51

JUL 2 1952
6 1952

JUL 8 1952

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 Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Wells City, 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.