

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8592
1139

FILED MAR 22 1952

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo		c. LENGTH OF STAY (In this place) 11 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri "Rural"	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 9210 Grand Ave 0489 X		
3. NAME OF DECEASED (Type or Print) Mrs Nevada Aletta Sproull		a. (First) Nevada	b. (Middle) Aletta	c. (Last) Sproull
4. DATE OF DEATH 3-9-1952		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-17-1869
9. AGE (In years last birthday) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Coldwater Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Newton Smith		13b. MOTHER'S MAIDEN NAME Mary Ann Hurley		14. NAME OF HUSBAND OR WIFE Robert Sproull
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 ADDRESS Robert Sproull 9210 Grand Ave
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia Congestive Heart Failure Hypertensive Cardis Vascula II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 1/2 wk Unknown 1 1/2 yr
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 2-27 1952 to 3-9 1952, that I last saw the deceased alive on 3-9 1952, and that death occurred at 10:55 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Carl H. Reitz (Degree or title) M.D.		23b. ADDRESS 404 1/2 W. 75th K.C. Mo		23c. DATE SIGNED 3-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-11-52		24c. NAME OF CEMETERY OR CREMATORY Eudora Cemetery
24d. LOCATION (City, town, or county) (State) Eudora Kansas		25. FURNERAL DIRECTOR'S SIGNATURE ADDRESS France-Wornall Funeral Home K.C. Mo		
DATE REC'D BY LOCAL REG. 3-10-52		REGISTRAR'S SIGNATURE Geraldine Holman		

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

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

Russell A. France

Licensed Embalmer No. *4255*

P. O. Address *K.C. 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.