S. No. 300
v. 10.48

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24128

BIRTH NO. ____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5427 Registrar's No. 20

0360
1

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Calvey
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catawissa - Mo -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Calvey 0366
d. STREET ADDRESS (If rural, give location): Catawissa - R #1

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): William Webb Sprague

4. DATE OF DEATH (Month) (Day) (Year): 8 - 3 - 52

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-31-1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 7, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer -
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): New York - 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A. -

13a. FATHER'S NAME: Leo Robt. Sprague
13b. MOTHER'S MAIDEN NAME: Sarah Wood -
14. NAME OF HUSBAND OR WIFE: Anna -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs John Sprague, Washington 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Psychosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 306x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10, 1947, *to* 8-3-, 1952 *that I last saw the deceased alive on* 8-1-, 1952, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Kitchell M.D.
23b. ADDRESS: St. Clair - Mo
23c. DATE SIGNED: 8-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-5-52
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
24d. LOCATION (City, town, or county) (State): Franklin Co. Mo

DATE REC'D BY LOCAL REG.: Aug 4-52
REGISTRAR'S SIGNATURE: Mary B. Gross 94
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Sherwood W. Kitchell - St Clair Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Sherwood N. Kitchell

Licensed Embalmer No. 3873.

P. O. Address St. Clair, Me

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.