S. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17301

FILED JUN 8 1953

BIRTH NO. ____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 165

0164

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Williamson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambria 8120
d. STREET ADDRESS (If rural, give location): /

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

4. DATE OF DEATH (Month) (Day) (Year): June 1 1953

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 18, 1953

9. AGE (In years last birthday): —; IF UNDER 1 YEAR: Months —, Days 14; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Murphysboro, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George E. Sprague

13b. MOTHER'S MAIDEN NAME: Thelma J. Odom

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George E. Sprague, Cambria, Ill.

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) Mesenteric thrombosis — Congenital at birth.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) c Fistula of colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 7562

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 5/21/53

19b. MAJOR FINDINGS OF OPERATION: Mesenteric thrombosis

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* 5/21, 1953 *to* 6/1, 1953, *that I last saw the deceased alive on* 6-1, 1953, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. J. Herbert M.D.

23b. ADDRESS: Cape Girardeau, Mo.

23c. DATE SIGNED: 6/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6-1-53

24c. NAME OF CEMETERY OR CREMATORY: Winchelsea Cemetery

24d. LOCATION (City, town, or county) (State): Carterville, Illinois

DATE REC'D BY LOCAL REG.: 6-3-53

REGISTRAR'S SIGNATURE: C. C. Summers 44-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Riggin Funeral Home Carterville Ill.

(Licensed Embalmer's Statement on Reverse Side)

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 Laurel Burr

Licensed Embalmer No. X736

P. O. Address Cape Girardeau, 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.