

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18953

State File No. ....

FILED JUN 3 1953 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mich</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Benton Harbor, Michigan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sho-Ma-Lodge</b>		d. STREET ADDRESS (If rural, give location) <b>255 Elvern Br.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Delmar</b> b. (Middle) <b>Hugh</b> c. (Last) <b>Sproull</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 24 53</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 26, 1900</b>
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>28</b>	IF UNDER 48 HRS. Hours <b>28</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Treasurer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Independence, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>William Sproull</b>	
13b. MOTHER'S MAIDEN NAME <b>Catherine Gray</b>		14. NAME OF HUSBAND OR WIFE <b>Edna Sproull</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>366 09 5090</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Edna Sproull, Benton Harbor, Mich.</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 Min</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Branchiectasis</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>526x</b>	
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)		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 <b>May 24, 1953</b> , to <b>May 24, 1953</b> , that I last saw the deceased alive on <b>May 24, 1953</b> , and that death occurred at <b>1 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. M. Matthews D.O. Bowling Green Mo</b>		23b. ADDRESS <b>Bowling Green Mo</b>	
23c. DATE SIGNED <b>May 24-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 24 53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Riverview cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Mich.</b>	
DATE REC'D BY LOCAL REG. <b>5-27-53</b>		REGISTRAR'S SIGNATURE <b>Bill Robinson 254-0</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. O. Mudd</b>		ADDRESS <b>Bowling Green, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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6961 6 NOV

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Bowling Green, 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.