

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27416**

FILED JUL 24 1953
BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **111**

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| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Benton | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp | | d. STREET ADDRESS (If rural, give location) Route 1 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Roxie | b. (Middle) Lea | c. (Last) Spruell | 4. DATE OF DEATH (Month) (Day) (Year) 7-7-1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 5-6-1894 |
| 9. AGE (In years last birthday) 59 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and State or Foreign Country) Hattieville, Arkansas |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME George Crouthers | 13b. MOTHER'S MAIDEN NAME Nannie Norman | 14. NAME OF HUSBAND OR WIFE Truman E. Spruell |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Truman E. Spruell - Benton Mo R 1 |

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon (Descending) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prog. Pulmonary Embolism | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 153X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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) (Min.) | 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 **May 15, 1953, to July 7, 1953**, that I last saw the deceased alive on **July 7, 1953**, and that death occurred at **9:20 AM**, from the causes and on the date stated above.

| | | |
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| 22a. SIGNATURE (Degree or title) Andrew S. ... M.D. | 23b. ADDRESS Sikeston Mo | 23c. DATE SIGNED July 1953 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 7-8-53 | 24c. NAME OF CEMETERY OR CREMATORY ESSEX |
| 24d. LOCATION (City, town, or county) (State) ESSEX MO | | |

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| DATE REC'D BY LOCAL REG. 7-14-53 | REGISTRAR'S SIGNATURE Mr. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welsh Funeral Home - Sikeston, Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 753-164

SEP 10 1953

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 Raymond Grews

Licensed Embalmer No. 3467

P. O. Address Leicester 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.