

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2414

State File No. _____

BIRTH NO. FILED FEB 9 1954 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY: <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> 0883	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>606 West Rollins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>	b. (Middle) <u>W.</u>	c. (Last) <u>SPRAGG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1954</u>
---	-----------------------	-------------------------	--

5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/14/1861</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer Rtd Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
--	---	--	--------------------------------------

13a. FATHER'S NAME <u>Hiram Spragg</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Connor</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R.W. Spragg, Moberly, Mo.</u>	ADDRESS <u></u>
---	-------------------------------------	---	-----------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peripheral Circulatory Failure</u>		<u>Minutes</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Uremia and Hematuria, etiology undetermined</u>		<u>Months</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>Years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
---	--	------------------------------------

22. I hereby certify that I attended the deceased from Feb. 2, 1954, to Feb. 4, 1954, that I last saw the deceased alive on Feb. 4, 1954, and that death occurred at 8:43 A.M., from the causes and on the date stated above.

22. SIGNATURE <u>Raymond W. Anderson</u> M. D. (Degree or title)	23b. ADDRESS <u>415 Woodland Avenue</u>	23c. DATE SIGNED <u>2/4/54</u>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5th-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazleton</u>	24d. LOCATION (City, town, or county) (State) <u>Hazleton, Iowa</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-5-54</u>	REGISTRAR'S SIGNATURE <u>Carroll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>	ADDRESS <u>Moberly, Mo.</u>
--	--------------------------------------	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FEB 18 1954

MAR 17 1954

FEB 24 1954

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 *Frank O'D Witt*

Licensed Embalmer No. 3021

P. O. Address Wishley, 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.