

STANDARD CERTIFICATE OF DEATH

State File No. **5690**

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 315 N. Quincy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Quincy St. & Mo. Pac. Crossing			
3. NAME OF DECEASED (Type or Print) CAROL LEE SPRINKLE		4. DATE OF DEATH Feb. 17, 1954	
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH April 5, 1945
9. AGE (In years last birthday) 8		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	
10b. KIND OF BUSINESS OR INDUSTRY Public Schools		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm. Emerson Sprinkle		13b. MOTHER'S MAIDEN NAME Frances J. Dillard	
13c. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **		16. SOCIAL SECURITY NO. **	
17. INFORMANT'S SIGNATURE OR NAME Jewell Neville		ADDRESS Sedalia, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures of skull ANTECEDENT CAUSES retained chest and abdominal DUE TO (b) as result of railroad train - E8104 DUE TO (c) Automobile Collision 27 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. Crossing	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Sedalia Pettis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 2-17-54 5:43 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Collision of railroad train and automobile			
22. I hereby certify that I attended the deceased from 10:30 a.m. , 19 54 , that I last saw the deceased alive on 2-17-54 , and that death occurred at 5:43 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Chas Gordon		23b. ADDRESS Cornery, Pettis Co	
23c. DATE SIGNED 2-20-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 20 Feb. 1954	
24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 2/20/1954		REGISTRAR'S SIGNATURE W.G. Campbell	
25. FUNERAL DIRECTOR'S SIGNATURE W. Deebart		ADDRESS Sedalia, Mo.	

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

Russell C. Maag

Licensed Embalmer No.

4809

P. O. Address

Sedalia, 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.