

STANDARD CERTIFICATE OF DEATH

5692

State File No.

FILED MAR 1 1954 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 100

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) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) 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) LYLA JEWELL SPRINKLE			4. DATE OF DEATH Feb. 17, 1954		
5. SEX Fe.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 4, 1939	9. AGE (In years last birthday) 14	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (City and State or Foreign Country) Mobile, Alabama		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Emerson Sprinkle	13b. MOTHER'S MAIDEN NAME Frances J. Dillard	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jewell Neville, Sedalia, Mo	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures of skull, vertebrae, chest and		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. epileptic as result of railroad train - automobile collision		
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 E8104 27 32	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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
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22. I hereby certify that I viewed the deceased from **as per above**, 19**54**, that I lost saw the deceased alive on **1954**, and that death occurred at **5:43 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Chas Gordon Hauffhuber M.D.	23b. ADDRESS Corners Pettis Co	23c. DATE SIGNED 2-20-54
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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, Missouri
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DATE REC'D BY LOCAL REG. 2/20/1954	REGISTRAR'S SIGNATURE A. J. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Eckert	ADDRESS Sedalia, MO
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(Licensed Embalmers' Statement on Reverse Side)

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

3.300
0.48

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.

4804

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.