No. 200
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38412

State File No.

BIRTH NO. REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4444 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: RAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMBDEN (CAMDEN)
c. LENGTH OF STAY (In this place): 17 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: RAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMBDEN (CAMDEN) 0840
d. STREET ADDRESS (If rural, give location): BOX 251

3. NAME OF DECEASED (Type or Print)
a. (First): ALPHONSO
b. (Middle):
c. (Last): SPORTSMAN

4. DATE OF DEATH (Month) (Day) (Year): 11-2-54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: MARCH 16/1873
9. AGE (In years last birthday): 81 — If under 1 year: Months: 7, Days: 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): CHARITON CO. MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: SAMUEL SPORTSMAN
13b. MOTHER'S MAIDEN NAME: TROWEL
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: LEWIS SPORTSMAN CAMBDEN, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Left Hemiplegia — 18 mo.
DUE TO (c) Generalized arteriosclerosis — unknown

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 3, 1954, *to* Nov. 2, 1954, *that I last saw the deceased alive on* Oct. 13, 1954, *and that death occurred at* 8 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R M Johnson M.D.
23b. ADDRESS: Richmond, Mo.
23c. DATE SIGNED: 11/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 11/5/1954
24c. NAME OF CEMETERY OR CREMATORY: BELL
24d. LOCATION (City, town, or county) (State): S.E. MARCELINE, MO

DATE REC'D BY LOCAL REG.: 11-12-54
REGISTRAR'S SIGNATURE: Helen J. Larkin
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: James M. Laughlin Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 George R. Trammell

Licensed Embalmer No. 44 25

P. O. Address Marceline, 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.