

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **295**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 11 Months	c. CITY OR TOWN Galt	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2		STREET ADDRESS (If rural, give location) Rural 0400	

3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) M c. (Last) SPROUT	4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1955
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0	8. DATE OF BIRTH April 22, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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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) Galt Missouri 0	12. CITIZENSHIP OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME John Sprouse	13b. MOTHER'S MAIDEN NAME Arvilla Burbet	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Not known	17. INFORMANT'S SIGNATURE OR NAME Edward Foster	ADDRESS Galt, Missouri
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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, asthenia, 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) Lobar Pneumonia		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic			1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490x	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)
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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?
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22. I hereby certify that I attended the deceased from **2-4**, 19**55**, to **2-4**, 19**55**, that I last saw the deceased alive on **2-4**, 19**55**, and that death occurred at **8:25 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G.E. Gossard M.D.	23b. ADDRESS State Hospital No. 2	23c. DATE SIGNED 2-4-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-5-55	24c. NAME OF CEMETERY OR CREMATORY Galt Missouri	24d. LOCATION (City, town, or county) (State) Galt Missouri
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DATE REC'D BY LOCAL REG. Feb 10, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Payne Funeral Home	ADDRESS Galt, Missouri
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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.....
Signature of Student Embalmer

Signed. *Charles E. Bennett*

Licensed Embalmer No. *467*

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.