

No. 300
10-48

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25780

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

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Sullivan R#2</u> c. LENGTH OF STAY (in this place) <u>14</u>		c. CITY OR TOWN <u>Sullivan</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Van Queen Home</u>		e. STREET ADDRESS (If rural, give location) <u>RR#2</u> <u>0300</u>	
3. NAME OF DECEASED a. (First) <u>Carl</u> b. (Middle) <u>Christian</u> c. (Last) <u>Oscar Sprick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 22, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 27, 1890</u>
9. AGE (In years last birthday) <u>65</u>	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Pomona, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Sprick</u>		13b. MOTHER'S MAIDEN NAME <u>Maie Olson</u>	
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>486-14-0753</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Antonio Padilla</u> ADDRESS <u>Padilla, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES DUE TO (b) <u>Peptic Ulcer & Hibernation</u> <u>3-4 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>C.V.A. 3-4 yrs ago.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5400.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 22, 1954</u> , to <u>Aug 22, 1955</u> , that I last saw the deceased alive on <u>Aug 19, 1955</u> , and that death occurred at <u>1:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert M. Crawford Sr.</u>		23b. ADDRESS <u>Sullivan, Mo.</u>	
23c. DATE SIGNED <u>Aug 23-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to Burial</u>	
24b. DATE <u>8/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COLUMBIA CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dred Olson</u> ADDRESS <u>Olson, Mo.</u>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u> <u>496</u>	

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..... *E. F. Oldmann*

Licensed Embalmer No. *1686*

P. O. Address *Union, T.*

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.