

FILED NOV 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35839

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 334	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Kirksville,		c. LENGTH OF STAY (in this place) 14 Days		c. CITY OR TOWN Kirksville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hosp.				STREET ADDRESS (If rural, give location) 1013 N. Don St. 20130			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Edwin c. (Last) Spriggs			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 15 1868	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter, R.R. Bridge		11. BIRTHPLACE (City and State or Foreign Country) Adair Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Lewis Spriggs			13b. MOTHER'S MAIDEN NAME Mary Ann Smith		14. NAME OF HUSBAND OR WIFE Grace Isabel Spriggs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Menni Brown, Kirksville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) cerebral & vascular arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X					INTERVAL BETWEEN ONSET AND DEATH 4 days years
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) _____		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 <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 10/25/1955, to 11/8/1955, that I last saw the deceased alive on 11/8/1955, and that death occurred at 3:14 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. D. McClure M.D.				23b. ADDRESS Laughlin Hospital & Clinic Kirksville, Mo.		23c. DATE SIGNED 11/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Highland Park		24d. LOCATION (City, town, or county) (State) Adair Co. Mo.	
DATE REC'D BY LOCAL REG. 11-8-55		REGISTRAR'S SIGNATURE Kate Lambert 1-0		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norval Foster, Kirksville, 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.....  
Signature of Student Embalmer

Signed *Reva E. Foster*  
Licensed Embalmer No. *474*  
P. O. Address *Kirkville*

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.