

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5604

FILED FEB 24 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4315 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>La Plata</u>		c. LENGTH OF STAY (in this place) <u>4 Yrs</u>	c. CITY OR TOWN <u>La Plata</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0610</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>F</u> c. (Last) <u>SPRIGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31, 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>25 Sept 1876</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Worker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Lewis Spriggs</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Spriggs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>703-01-2173</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martha Spriggs, La Plata, Mo.</u>		ADDRESS	
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>CORONARY occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>months</u> <u>weeks</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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) (Min)		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>Nov. 1, 1955</u> , to <u>Jan 31, 1956</u> , that I last saw the deceased alive on <u>Jan 31, 1955</u> , and that death occurred at <u>12 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold Stelm...</u>		23b. ADDRESS <u>La Plata Mo</u>	
23c. DATE SIGNED <u>2/1/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2 Feb 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Refuge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/6/56</u>		REGISTRAR'S SIGNATURE <u>Clara M. Neely</u> 185	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thermon Wilson</u>		ADDRESS <u>La Plata Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFAADING BLACK INK - MAKE A PERMANENT RECORD

REC. 27

RECEIVED *2.20.56*
MACON COUNTY HEALTH DEPARTMENT
County Lic No. *2.56.19*
Date filed *2.21.56*

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 *Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address La. Plata, M.

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.