

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22781

State File No.

FILED AUG 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>58</u>							
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u>				b. COUNTY _____					
b. CITY OR TOWN <u>Royal-horranse</u>		c. LENGTH OF STAY (in this place) <u>16 mo</u>		c. CITY OR TOWN <u>Mt. Carmel</u>		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 <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>\$1208</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u>			b. (Middle) <u>Edward</u>			c. (Last) <u>Spruell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-56</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>JULY 27 1901</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>GOLDEN GATE ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES SPRUELL</u>				13b. MOTHER'S MAIDEN NAME <u>MARGARET COPELAND</u>				14. NAME OF HUSBAND OR WIFE <u>LOIS SPRUELL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. <u>350-162012</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lois Spruell-Markhusel</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>											
		DUE TO (c) _____											
		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 <u>4.200</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 _____, 19____ to _____, 19____, that I last saw the deceased alive on <u>8-7</u> , 19 <u>56</u> , and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Gene Ward - Coroner</u>						23b. ADDRESS <u>Lutesville Mo</u>			23c. DATE SIGNED <u>8-9-56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Staceland Cem.</u>		24d. LOCATION (City, town, or county) <u>Albion Ill</u>		(State) _____					
DATE REC'D BY LOCAL REG. <u>8-10-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Cuder</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u>						ADDRESS <u>Lutesville Mo</u>	

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

529

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 Eugene L. Stubbbs, Student Embalmer No. 828 working under my personal supervision.

Student Eugene L. Stubbbs
Signature of Student Embalmer

Signed J. Loberg
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau

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.