

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44227**

REC'D JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541** Registrar's No. **3023**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. CITY OR TOWN Jennings 4138	
c. LENGTH OF STAY (In this place) 8 days		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 County Hospital		e. STREET ADDRESS (If rural, give location) 2431 Akins drive	

3. NAME OF DECEASED (Type or Print)	a. (First) HARRISON	b. (Middle)	c. (Last) SPRADLIN	4. DATE OF DEATH (Month) (Day) (Year) 12 23 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1-1-1879	9. AGE (In years) (Month) (Day) (Year) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (City and State or Foreign Country) Scott County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Spradlin	13b. MOTHER'S MAIDEN NAME Sarah Sanders	14. NAME OF HUSBAND OR WIFE Allie Spradlin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) 493-07-3998	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas, Spradlin, 2431 Akins dr.
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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) Bronchopneumonia		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **12-15 1956**, to **12-23 1956**, that I last saw the deceased alive on **12-23 1956**, and that death occurred at **6:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph P. Crust MD	23b. ADDRESS 601 S. BRENTWOOD BLVD.	23c. DATE SIGNED 12-23-56
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24a. BURYING, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-24-56	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Illmo, Mo.
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DATE REC'D BY LOCAL REG. 12-28-56	REGISTRAR'S SIGNATURE Herbert B. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bisplinghoff, Illmo, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300-1048

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..... *Horner W. Dentz*

Licensed Embalmer No. *3888*

P. O. Address *St. Louis*

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.