

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013725

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 101 Primary Registration District No. 5411 Registrar's No. 14

S. 300  
v. 1-57

0340  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> <u>0492</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Spencer</u>		c. CITY OR TOWN <u>Webb City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary Spracklen</u>		4. DATE OF DEATH Month Day Year <u>May 4, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-14-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>64</u>
11. BIRTHPLACE (City and state or county) <u>Bluff, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown Sportsman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>B. B. Spracklen</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Kenneth Parker, Carthage, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Injuries, both legs and arms broke</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>In car wreck</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>7 a.m. 5-4-58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Douglas</u> STATE <u>034</u> <u>On Highway "0" 14 miles west of Ava, Mo</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>7:15 A. M.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. V. Chinkinghead Coroner</u>		22b. ADDRESS <u>Ava, Mo</u>	
22c. DATE SIGNED <u>5-5-1958</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-7-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>	
23d. LOCATION (City, town, or county) <u>Webb City, Missouri</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Chinkinghead Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5-9-58</u>	
26. REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>			

MAY 21 1958

Body was transported to Webb City, Mo. by hearse in an unembalmed state. Johnston-Arnice-Simpson Mortuary of Webb City, Missouri came to Ava, Missouri for the body.

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 *Lyle B. Sliskingbe*

Licensed Embalmer No. *4830*

P. O. Address *Ava, Mo*

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.