

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015089
State File No.

FILED MAY 15 1958

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5824 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison / <u>8/20</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. John's Twp.) c. LENGTH OF STAY (in this place) Unk.		c. CITY OR TOWN Granite City 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 Approx. 20 Miles East of New Madrid, Mo.		F ^o : STREET ADDRESS 2908 Oregon Avenue (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Wilburn	c. (Last) Spray	4. DATE OF DEATH (Month) (Day) (Year) April 29, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24, 1929	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student Preacher	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Maude, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry J. Spray	13b. MOTHER'S MAIDEN NAME Bella Gallamore	14. NAME OF HUSBAND OR WIFE Jeannine Spray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or date of service) WW2 & Korean War	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Jeannine Spray ADDRESS 2908 Oregon Ave Granite City, Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Medical Attendant, by all records, death was due to drowning. Jumped from bridge somewhere on Ohio river and was found floating in the Miss. River in the above Named township.		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 975X
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21a. ACCIDENT SUICIDE HOMICIDE Suicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Ohio River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Paducah McCracken, Ky.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 6, 1958 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Jumped from bridge
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE L. H. Hedgcock (Degree or title)	23b. ADDRESS New Madrid, Missouri	23c. DATE SIGNED 5/2/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 31 April 58	24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	24d. LOCATION (City, town, or county) (State) Madison County, Ill.
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DATE REC'D BY LOCAL REG. 2 May 58	REGISTRAR'S SIGNATURE Jay Hedgcock	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sedlack Funeral Ser. Granite City, Ill
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MAY 21 1958

MAY DEC 11 1959

DATE RECEIVED MAY 5 1958
NEW MADRID CO. HEALTH CENTER

2.2

embalmed

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 Tommy G. Roberts

Licensed Embalmer No. 488

P. O. Address New Madrid

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.