

Health,
, & Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037356
STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 193

S. 300
v. 1-57
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1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Beedeville XXXXXXXX	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing		Length of stay in lb 5 Yrs	
8036 STREET ADDRESS		(If outside, give location) Gen. Dely.	

3. NAME OF DECEASED (Type or print) First Middle Last MARGARET JANE SPRAGUE			4. DATE OF DEATH Month Day Year 11 Oct. 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 24 Aug. 1866	9. AGE (In years last birthday) 92	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY xx	11. BIRTHPLACE (City and state or country) Newport, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. N. Nance	13b. MOTHER'S MAIDEN NAME A. Johnson.	14. NAME OF HUSBAND OR WIFE Alfred H. Sprague
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Amelia Foster	Address St. Louis, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH ? yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) 334X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 10-10-53 to 10-10-58 and last saw her alive on 10-10-58 Death occurred at 10:00PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. E. F. and son D	ID degree or title 0	22b. ADDRESS Rolla mo	22c. DATE SIGNED 10-15-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 16 Oct. 1958	23c. NAME OF CEMETERY OR CREMATORY Beedeville Cemetery	23d. LOCATION (City, town, or county) (State) Beedeville, Arkansas
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24. FUNERAL DIRECTOR By Niles & Sons Funeral Home B. W. Niles	ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. Oct. 15, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Steel
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(Licensed Embalmer's Statement on Reverse Side)

social, 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

RECEIVED
Phelps County He
County File Number
Date Filed Oct 21

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 S. B. M. M. M.

Licensed Embalmer No. 3397

P. O. Address Rolla 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.