

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001030  
STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 29

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> by COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Buffalo</u> 0300 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>		Length of stay in lb <u>3 Days</u>	d. STREET ADDRESS (If outside, give location) <u>on Ramsey St.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ERNIE SPRAGUE</u>			4. DATE OF DEATH Month Day Year <u>JAN-10-1959</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-24-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>61</u> Months <u>3</u> Days <u>16</u> Hours <u></u> Min.
11. BIRTHPLACE (City and state or country) <u>Dallas Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Solomon C Sprague</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Coffelt</u>	14. NAME OF HUSBAND OR WIFE <u>Heldie Sprague</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. <u>UNKNOWN</u>	17. INFORMANT Address <u>Heldie Sprague Buffalo, 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>Cardiac arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Esophagectomy</u>			<u>12 hrs.</u>
DUE TO (c) <u>Carcinoma Esophagus</u>			<u>3 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fibromyopia</u>			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.)	
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
21. I attended the deceased from <u>1-7-59</u> to <u>1-10-59</u> and last saw her alive on <u>1-10-59</u> Death occurred at <u>5 Am.</u> <u>1-10-59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Blesley M.D.</u>		22b. ADDRESS <u>Springfield Mo</u>	22c. DATE SIGNED <u>1-13-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>1-13-1959</u>		<u>Kansas City Kan.</u>
24. FUNERAL DIRECTOR <u>L. B. Jones</u>		ADDRESS <u>Buffalo Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-14-59</u>
		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
All diseases in Part I must be causally related.

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....  
Signature of Student Embalmer

Signed R.E. Cheston.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo.....

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.