

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035569

FILED VS NOV 13 1959

Registration District No. 78 Primary Registration District No. 3015 Registrar's No. 89 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Osborne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>		Length of stay in 1b <u>1 week</u>	c. CITY OR TOWN <u>Osborn</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cameron Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>P.O. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Floyd Thomas Sprague</u>			4. DATE OF DEATH Month Day Year <u>10-30-1959</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>7-6-1900</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rubber Products Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stewartsville, Mo</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A</u>	

13a. FATHER'S NAME <u>Oren J. Sprague</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Hughinbaugh</u>	14. NAME OF HUSBAND OR WIFE <u>Ide Sprague</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or of unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>487-14-5389</u>	17. INFORMANT <u>Ide Sprague, Osborn, Mo</u> Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u>		<u>1 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Prepyloric Bleeding Gastric Ulcer</u>	<u>2 years</u>
	DUE TO (c) <u>Bleeding 1 Week</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 August 4-1951 to Oct 30-1959 and last saw him alive on Oct 29-1959
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. H. Lewis M.D.</u>	22b. ADDRESS <u>Cameron, Mo</u>	22c. DATE SIGNED <u>10-30-59</u>
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23a. BURIAL, CREMATION, REMOVAL- (Specify) <u>Burial</u>	23b. DATE <u>11-1-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Emergreen</u>	23d. LOCATION (City, town, or county) (State) <u>Osborn, Mo.</u>
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24. FUNERAL DIRECTOR <u>W.E. Summerfield, Stewartsville, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-2-59</u>	26. REGISTRAR'S SIGNATURE <u>Francois Crawford</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 8 1960

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 W.E. Sumnerfield

Licensed Embalmer No. 5007

P.O. Address Stewartsville, N.C.

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.