

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

**60-018989**

FILED VS MAY 31 1960

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. 37 STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First <b>Cleo</b> Middle <b>Frank</b> Last <b>Sprague</b>			4. DATE OF DEATH Month <b>May</b> Day <b>19,</b> Year <b>1960</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/15/07</b>	9. AGE (last birthday) <b>52</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>trucker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>trucking</b>		11. BIRTHPLACE (City and state or country) <b>(unknown) Colorado</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>Roy Sprague</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ward</b>		14. NAME OF HUSBAND OR WIFE <b>Willie Goed Sprague</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <b>Mrs. Cleo F. Sprague</b> Address <b>Gentryville, Mo</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>
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)		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.) <b>MI</b>	
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 <b>Gentryville</b> COUNTY _____ STATE _____	

21. I attended the deceased from **viewed body after death** and last saw her/him alive on \_\_\_\_\_  
Death occurred at **11:55 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Jack Barnes, Coronor</b> (Degree or title)		22b. ADDRESS <b>King City Mo</b>		22c. DATE SIGNED <b>5/20/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>May 21, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gentryville,</b>	23d. LOCATION (City, town, or county) <b>Gentryville, Missouri</b>	
24. FUNERAL DIRECTOR <b>Brooks-Cochell Funeral Home, Albany, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-23-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 1 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by me Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald C. Coohell

4 28:11

Licensed Embalmer No. 4868

P. O. Address Albany, 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.