

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 29 1960

-60-024266

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 248

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ste County	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Farmington - rural		Length of stay in 1b 3 wks	c. CITY OR TOWN Ste Genevieve Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas Dell Memorial Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 210 Merchant St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Emma Last Spraul			4. DATE OF DEATH Month June Day 20 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/28/1881	9. AGE (last birthday) 78	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) Housework		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Hagen		13b. MOTHER'S MAIDEN NAME Mary Golden		14. NAME OF HUSBAND OR WIFE Joseph Spraul (Dec'd)		
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 Frank X. Spraul, Ste Genevieve, Mo Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Theodullary failure + embolic encephalomalacia		INTERVAL BETWEEN ONSET AND DEATH. 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prolonged recumbency		6 wks
DUE TO (c) Arteriosclerosis		Sever.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURED PELVIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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.) PULL IN HOME
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 5-9-60

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION ST. GENEVIEVE	COUNTY SAME	STATE MO.
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21. I attended the deceased from **5-20-60** to **6-20-60** and last saw her ^{him} alive on **6-20-60**
Death occurred at **12:45** P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Paulock (Deceased or title)	22b. ADDRESS Farmington Mo	22c. DATE SIGNED 6-20-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/23/60	23c. NAME OF CEMETERY OR CREMATORY Valle Spring Cemetery	23d. LOCATION (City, town, or county) Ste Genevieve, Mo.	(State)
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24. FUNERAL DIRECTOR Basler Funeral Home, Ste Genevieve, Mo	ADDRESS _____	25. DATE RECD. BY LOCAL REG. June 26 1960	26. REGISTRAR'S SIGNATURE Ether Rudloff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Les C. Basler

Licensed Embalmer No. 1985

P. O. Address

Dr. Geneva

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.