JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1960

-60-038759
STATE FILE NUMBER

NDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 503

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Johns Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Cherokee
c. CITY OR TOWN: Hallowell
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Rural Rt# 1
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Clifford Middle: Leroy Last: SPRIGGS
4. DATE OF DEATH: Month: October Day: 15 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4-4-1919
9. AGE (last birthday): 41
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Lloyd E. Spriggs
13b. MOTHER'S MAIDEN NAME: Alta M. Hanks
14. NAME OF HUSBAND OR WIFE: Corabell Spriggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. # 2
16. SOCIAL SECURITY NO.: 507-12-5503
17. INFORMANT: Corabell Spriggs Address: Rt# 1 Hallowell Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ruptured aneurysm of circle of Willis. (anterior communicating branch)
INTERVAL BETWEEN ONSET AND DEATH: 1 month
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Oct. 13, 1960 to Oct. 15, 1960 and last saw him alive on October 15, 1960
Death occurred at 4:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John W. Kahler M.D. (Degree or title)
22b. ADDRESS: 304 Medical Arts Bldg. Joplin, Missouri
22c. DATE SIGNED: 10-26-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-18-1960
23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
23d. LOCATION (City, town, or county) (State): Columbus Kansas
24. FUNERAL DIRECTOR: Ruhland-Murdock Funeral Home ADDRESS: Columbus Ks.
25. DATE RECD. BY LOCAL REG.: 10-26-60
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

NOV 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.