

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005205  
STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3074 Registrar's No. 30

AMENDED

FILED VS MAR 6 1961

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

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Della</u> Middle <u>(Wilson)</u> Last <u>Sprowls</u>            |                                  |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>23</u> Year <u>1961</u> |  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Mar. 9, 1884</u>                              | 9. AGE (last birthday)<br><u>76</u>                                    | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Miami Station Mo.</u> |  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                                  | 13. FATHER'S NAME<br><u>Andrew Wilson</u>   |  |  |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Charlotte Peterson</u>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Fielden Sprowls (dec)</u>   |  |  |  |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>Boyle Sprowls Glasgow, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>  |  | <u>Immediate</u>                 |
| DUE TO (b) <u>Diabetes, severe</u>   |  | <u>unknown</u>                   |
| DUE TO (c) <u>Glomerulo sclerosis, bilateral due to (b)</u>  |  | <u>unknown</u>                   |

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| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>  </u> Month, Day, Year <u>  </u>                                       |   |  |
| 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 Feb 21 1961 to Feb 23 1961 and last saw her alive on Feb 23 1961  
Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Thomas A. Wilson M.D.</u> | 22b. ADDRESS<br><u>Fayette, Mo.</u> | 22c. DATE SIGNED<br><u>2-27-61</u> |
|--|-------------------------------------|------------------------------------|

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| 23. BURIAL, CREMATION, OR REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Feb. 25, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Evergreen</u> | 23d. LOCATION (City, town, or county) (State)<br><u>De Witt Mo.</u> |
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| 24. FUNERAL DIRECTOR<br><u>Trinmonth Funeral Service Glasgow, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>2-27-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Katherine Welch</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 *E. Triemont*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.