

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

AMENDED **SI 18819** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9485** **-61-039248** STATE FILE NUMBER

DATE AMENDED	1. PLACE OF DEATH a. COUNTY ST. LOUIS OCT 26 1961		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY		
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 176 DAYS	c. CITY OR TOWN MULBERRY GROVE	
INSTEAD OF DOCUMENT	c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	
	3. NAME OF DECEASED (Type or print) First Middle Last JOHN W. SPRADLING		4. DATE OF DEATH Month Day Year 10/12/61		
MEDICAL CERTIFICATION	5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/26/09	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED LABOR - FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 52	
BY AFFIDAVIT OF	11. BIRTHPLACE (City and state or country) CASEYVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
	13a. FATHER'S NAME FRED SPRADLING		13b. MOTHER'S MAIDEN NAME ETHEL JOHNSON		
SHOULD READ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		17. INFORMANT Address FRED SPRADLING (FATHER) SEE #2		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. EVIDENCE WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS ADENOCARCINOMA OF STOMACH Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) 151x DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH	
BY AFFIDAVIT OF	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		
	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.)		
BY AFFIDAVIT OF	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	
BY AFFIDAVIT OF	21. I attended the deceased from 3/20/61 to 10/12/61 and last saw him alive on 10/12/61		Death occurred at 12:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.		
	22a. SIGNATURE (Degree or title) Andrew W. McRobert, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 10/12/61
BY AFFIDAVIT OF	23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-11-61	23c. NAME OF CEMETERY OR CREMATORY Mulberry Grove Cemetery	23d. LOCATION (City, town, or county) (State) Mulberry Grove, Illinois.	
	24. FUNERAL DIRECTOR ADDRESS Ripperdan Funeral Home, Mulberry Grove,		25. DATE RECD. BY LOCAL REG. 11. OCT 13 1961	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.	

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 *John P. [Signature]*

Licensed Embalmer No. 5900

P. O. Address Murphy Cr., [Signature]

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.