

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24037

State File No. \_\_\_\_\_

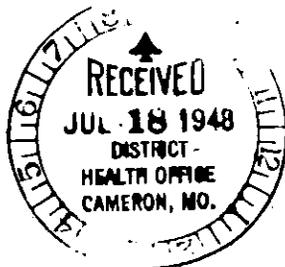
58  
80

FILED JUL 20 1949

BIRTH NO. _____		REG. DIST. NO. <u>183</u>		PRIMARY REG. DIST. NO. <u>4296</u>		Registrar's No. <u>15-</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marietta</u>		b. (Middle)		c. (Last) <u>Sparks</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>13</u> (Year) <u>1949</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-26-1863</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR (Months) <u>0</u> (Days) <u>0</u>	IF UNDER 24 HRS. (Hours) <u>0</u> (Min.) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Va.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William M. Crookshanks</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Brierley</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sam Falconer</u> ADDRESS <u>Browning Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis &amp; decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary right Breast</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>  <u>472 W</u>  <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1940</u> , to <u>July 13, 1949</u> , that I last saw the deceased alive on <u>July 2, 1949</u> , and that death occurred at <u>3:10 A.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.R. Martin</u> (Degree or title)		23b. ADDRESS <u>Browning Mo</u>		23c. DATE SIGNED <u>7/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morris Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Browning Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7/15/1949</u>		REGISTRAR'S SIGNATURE <u>Elva Crookshanks</u> <u>166</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u> ADDRESS <u>Browning, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 3 1948



**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.

Signed \_\_\_\_\_

*Gerald T. Wade*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Browning

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 this body is not embalmed, fact should be so stated above.