

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7859

State File No.

0130

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

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home on 227 Hobbes St.</u>		d. STREET ADDRESS (If rural, give location) <u>227 Hobbes St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) _____ c. (Last) <u>Sparks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 19, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 5, 1891</u>
9. AGE (In years last birthday) <u>58</u> Months <u>7</u> Days <u>14</u> Hours <u>-</u> Min. <u>-</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Temp Coll.</u>		11. BIRTHPLACE (State or foreign country) <u>Caldwell Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George W. Sparks</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Longle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, cover up) <u>No</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Minnie K. Smith</u>		ADDRESS <u>Hamilton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Originating in breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>170X</u>	
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) _____	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>Mar 3</u> , 19 <u>50</u> , to <u>Mar 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 18</u> , 19 <u>50</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>S. K. Elster D.O.</u> (Degree or title)		23b. ADDRESS <u>Hamilton Mo.</u>	
23c. DATE SIGNED <u>3-20-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Braun Funeral Home</u> ADDRESS <u>Hamilton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20, 1950</u>		REGISTRAR'S SIGNATURE <u>Clady Jones</u> 37	

SEP 22 1950



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 _____

working under my personal supervision.

Student Embalmer No.

Signed Dale A. Osfield

Signed.....
Student Embalmer

Licensed Embalmer No. 4542

P. O. Address Hamilton, 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 this body is not embalmed, fact should be so stated above.