

FILED MAR 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2540  
Registrar's No. 2540

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Paris	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) Minnie		a. (First) E. Sparks		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1950									
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 16, 1870		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Paris, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Edmund Berry			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Frank Sparks		
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mary Lampkin, 628 Jackson, Jefferson City, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) not known DUE TO (c) Secondary adenoma II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Weakness						INTERVAL BETWEEN ONSET AND DEATH 3	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma cells in scraping from uterus						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) Paris, Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 175K	
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22. I hereby certify that I attended the deceased from 2-28-1950 to 3-16-1950, that I last saw the deceased alive on 3-15-1950, and that death occurred at 2:38 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. H. F. Blunstein M.D.		(Degree or title)		23b. ADDRESS 2743 Franklin		23c. DATE SIGNED 3-16-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-16-50		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Paris, Mo.	
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DATE REC'D BY LOCAL REG. MAR 16 1950		REGISTRAR'S SIGNATURE J. B. Fusater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Elmer T. Sedwell*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address \_\_\_\_\_

**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.