

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14086

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>408 SOUTH THIRD ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 SOUTH THIRD ST</u>		d. STREET ADDRESS (If rural, give location) <u>408 SOUTH THIRD ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>SPARKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 26, 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 1, 1870</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES POLK SPARKS</u>		13b. MOTHER'S MAIDEN NAME <u>ELBA MATSON</u>	14. NAME OF HUSBAND OR WIFE <u>SUSIE SPARKS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME: ADDRESS <u>Marjorie Inlow - Louisiana, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DECOMPENSATION</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIO-VASCULAR RENAL DISEASE</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>Feb.</u> , 19 <u>49</u> , to <u>4-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-26</u> , 19 <u>50</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>LOUISIANA, MO</u>	23c. DATE SIGNED <u>4-26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>APRIL 28, 1950</u>	24c. NAME OF CEMETERY OR CRYPTORY <u>Riverview</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana, MO.</u>
DATE REC'D BY LOCAL REG. <u>Apr 27, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Callere</u> 374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Halcy Mortuary - Louisiana, MO.</u>	

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

821  
D

RECEIVED MAY 6 1950  
District Health Officer No. 1  
District File Number 5-52-2  
Date Filed .....

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.....  
Student Embalmer

Signed *Geo. M. Collier*  
Licensed Embalmer No. *3839*  
P. O. Address *Louisiana, 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.