

No. 300
10. 48

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29084

51
1

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

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 60

| | | | | | |
|--|-------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u> | | c. LENGTH OF STAY (in this place) <u>25 YRS</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE MO.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | | d. STREET ADDRESS (If rural, give location) <u>RR #1</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SANDY</u> b. (Middle) <u>MARSHALL</u> c. (Last) <u>SPARKMAN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 26 1950</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 21</u> | 8. DATE OF BIRTH <u>DEC 25 1870</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAW MILL OPERATOR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>LEORA MO.</u> | |
| 13a. FATHER'S NAME <u>WESLEY SPARKMAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>BETTY JANUARY</u> | | 14. NAME OF HUSBAND OR WIFE <u>NORA SOUTHERLAND</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>Burton Sparkman Ste. Genevieve 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Carditis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 YRS</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>4222</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) | | 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>Aug 15th 1950</u> , to <u>Aug 26th 1950</u> , that I last saw the deceased alive on <u>Aug 26th 1950</u> , and that death occurred at <u>4:45 P</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Burton Sparkman M.D.</u> | | | 23b. ADDRESS <u>Ste. Genevieve Mo</u> | | 23c. DATE SIGNED <u>8-28-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>AUG 29 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u> |
| DATE REC'D BY LOCAL REG. <u>Sept 1, 1950</u> | | REGISTRAR'S SIGNATURE <u>Theresa M. Karl - 350</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leslie R. Baker Ste. Genevieve Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP - 5 1950

RECEIVED

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 Adrian J. Ehler

Signed.....

Student Embalmer

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.