

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38148

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 4538 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Centerville		c. LENGTH OF STAY (in this place) 2 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) a. (First) Wilbur b. (Middle) Glen c. (Last) Sparks			4. DATE OF DEATH (Month) (Day) (Year) 12/2/50
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/4/09
9. AGE (In years last birthday) 41		10. KIND OF BUSINESS OR INDUSTRY Retail Jeweler	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchrepair		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME W.A. Sparks	
13b. MOTHER'S MAIDEN NAME Vergie Wells		14. NAME OF HUSBAND OR WIFE --	
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. --	
17. INFORMANT'S SIGNATURE OR NAME W.A. Sparks, Turtle, Missouri		ADDRESS	
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis of heart 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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J.A. Pythel, M.D.		23b. ADDRESS 3 corner Centerville Mo	
23c. DATE SIGNED 12/2/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/4/50	
24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.		24d. LOCATION (City, town, or county) Salem, Missouri	
DATE REC'D BY LOCAL REG. 12-11-50		REGISTRAR'S SIGNATURE E.M. Fairhead	
25. FUNERAL DIRECTOR'S SIGNATURE Carl K. Spencer		ADDRESS Salem, Mo	

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

RECEIVED

DEC 12 1950

DISTRICT HEALTH OFFICE No. 6

No.

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, ~~only~~

.....
working under my personal supervision.

Student Embalmer No.

Signed Wm. W. McDonald

Signed.....

Student Embalmer

Licensed Embalmer No. 3806

P. O. Address Salem, 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.