

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11882**

No. 300  
10.48

LED APR 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>MO ADAIR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>	
c. LENGTH OF STAY (In this place) <b>6 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Kirksville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K.C.O.S. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) _____ c. (Last) <b>Sparks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 17, 52</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>4.29, 1903</b>	9. AGE (In years) (Month) (Day) <b>48</b>	10. UNDER 1 YEAR (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cook</b>		11. BIRTHPLACE (State or foreign country) <b>Quincy, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Bernard Deters</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Burmmer</b>		14. NAME OF HUSBAND OR WIFE <b>Allen Sparks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Allen Sparks Kirksville Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cystemia and Tolemia and Shok</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>18 hrs. and 40 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bleeds involving 50% of body</b> DUE TO (c) <b>Gasoline Fire</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes E9160 16</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kirksville Adair Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-16-52 5:30 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Added Gasoline to fire</b>

22. I hereby certify that I attended the deceased from 4-16-, 1952, to 4-17-, 1952, that I last saw the deceased alive on 4-17-, 1952, and that death occurred at 12:40 pm from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wendell B. Palmay D.O.</b>	23b. ADDRESS <b>800 W. Jeff Kirksville Mo</b>	23c. DATE SIGNED <b>4-19-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4, 18, 52</b>	24c. NAME OF CEMETERY OR CREMATORY AND LOCATION (City, town, or county) (State) <b>Highland Park Cemetery Kirksville, MO</b>

DATE REC'D BY LOCAL REG. <b>4-20-52</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Randolph Davis Kirksville Mo</b>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Donald L. Robert

Licensed Embalmer No. 4722

P. O. Address Frickville 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.