No. 300
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FILED SEP 30 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32571

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 111

850
1

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

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Mo
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Missouri 0850
d. STREET ADDRESS (If rural, give location): None 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Oscar
c. (Last): Sparks

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21/52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: July 2, 1882
9. AGE (In years last birthday): 70 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Waynesville, Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jack Sparks
13b. MOTHER'S MAIDEN NAME: Ida Louis
14. NAME OF HUSBAND OR WIFE: Ina Mae Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 439-10-0982
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ina Mae Sparks Waynesville, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion (acute) — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 1952, *to* Sept 21, 1952, *that I last saw the deceased alive on* Sept 21, 1952, *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R S Musser MD 0
23b. ADDRESS: Waynesville Mo
23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Sept. 23/52
24c. NAME OF CEMETERY OR CREMATORY: Bradford Cemetery
24d. LOCATION (City, town, or county) (State): Waynesville, Mo

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: Eula Grace Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hedges Funeral Home Fleria, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-23-52
Public County Health Officer
File Number
Date Filed 9-27-52

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 Walter S. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia 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.