

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35621**

FILED NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **9040** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
c. LENGTH OF STAY (in this place) 48 years		d. STREET ADDRESS (If rural, give location) 615 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 615 Broadway			

3. NAME OF DECEASED (Type or Print)	a. (First) Ralph	b. (Middle) Jerome	c. (Last) Sparks	4. DATE OF DEATH (Month) (Day) (Year) October 30, 1952
-------------------------------------	-------------------------	---------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 22, 1867	9. AGE (In years last birthday) 85	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.
--------------------	-------------------------------	---	--	---	---------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker	10b. KIND OF BUSINESS OR INDUSTRY Hay Rake Factory	11. BIRTHPLACE (City and State or Foreign Country) Evanson, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	---	--

13a. FATHER'S NAME Allen Sparks	13b. MOTHER'S MAIDEN NAME Helen	14. NAME OF HUSBAND OR WIFE Cora Mae Moore Sparks
--	--	--

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. 491-22-6721	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. J. Sparks	ADDRESS 615 Broadway, Chillicothe, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral stenosis		INTERVAL BETWEEN ONSET AND DEATH 10 days
	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 None	19b. MAJOR FINDINGS OF OPERATION 410X	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 **Oct 23, 1952**, to **Oct 30, 1952**, that I last saw the deceased alive on **Oct 30, 1952**, and that death occurred at **7 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 10-31-52
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-1-52	24c. NAME OF CEMETERY OR CREMATORY Edgewood	24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 10-31-52	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home	ADDRESS Chillicothe, Mo.
--	---	---	---------------------------------

(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

Elton Norman

Licensed Embalmer No. *9036*

P. O. Address *Phillips the, 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.