

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37857

State File No. ....

DEC 11 1952

BIRTH NO. ....

REG. DIST. NO. 43PRIMARY REG. DIST. NO. 4059Registrar's No. 544

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville</u>		c. LENGTH OF STAY (In this place) <u>11 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville</u> <u>1120</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>Sparkling</u> c. (Last) <u>Sparkling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 18, 1895</u>	9. AGE (In years last birthday) <u>57</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Fort Pillow, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Will Sparkling</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Dollie Sparkling</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>493-28-0715</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dollie Sparkling Neelyville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot, right side head</u>				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>				
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) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Neelyville Butler Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 2-1952 6:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>willfull discharge of shot gun</u>			
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 <u>6:30 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Chover: W. Greer</u> (Degree or title) <u>3</u>			23b. ADDRESS <u>Rollins Bluff</u>		23c. DATE SIGNED <u>12/4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Mississippi Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 4-1952</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Naylor, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
DEC 9 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1252-581

1952 FEB 6

MAY 15 1953

JUN 27 1953

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 Suzan McCord  
Licensed Embalmer No. 4079

P. O. Address Naylor, Ind

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.