

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37991

State File No. _____

FILED DEC 1 1952

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>64</u>	PRIMARY REG. DIST. NO. <u>5245</u>	Registrar's No. <u>78</u>
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Keytesville Rural</u>)		c. LENGTH OF STAY (In this place) <u>X</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick</u> 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles west of Keytesville</u>		d. STREET ADDRESS (If rural, give location) <u>406 Mulberry</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>MARSTON</u> c. (Last) <u>SPARKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 16 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9--27--1912</u>	9. AGE (In years last birthday) <u>40</u> <small>IF UNDER 1 YEAR Months Days</small> <small>IF UNDER 1 HR. Hours Min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Machinery</u>	11. BIRTHPLACE (State or foreign country) <u>Madison, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edward Sparks</u>		13b. MOTHER'S MAIDEN NAME <u>Mellie Garner</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Sparks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or, or known) <u>Yes</u> (If yes, give war or dates of service) <u>World war #2</u>		16. SOCIAL SECURITY NO. <u>702-12-7904</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Sparks Brunswick, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull crushed, left side over left eye. Collision of Ford Car and Gasoline Transport Truck.</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>E 8161</u> <u>26</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 021			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident Highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 24 West of Keytesville</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chariton Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>H. G. Garnett - Coroner of Chariton County</u> (Degree or title)		23b. ADDRESS <u>Keytesville, Missouri</u>	23c. DATE SIGNED <u>11-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11--18--1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Brunswick Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/24/52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. W. [Signature] Brunswick</u>		

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

0210
3

(Licensed Embalmer's Statement on Reverse Side)

Mo

233-241

MAR 18 1952

DEC 2 1952

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

R W Weiser

Licensed Embalmer No. _____

823

P. O. Address _____

Brunswick

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.