

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42754**
Registrar's No. **48**

No. 300
10.48

FILED FEB 22 1952

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5668**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Clark Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Clark Twp.) 0570	
c. LENGTH OF STAY (In this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) Farm residence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm residence		e. STREET ADDRESS (If rural, give location) Farm residence	
3. NAME OF DECEASED (Type or Print) RICHARD EVERETT SPARKS, SR		4. DATE OF DEATH 12-16-1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH 3-20-1902
9. AGE (In years last birthday) 50		10. MONTH 8	11. DAY 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Storage	
11. BIRTHPLACE (City and State or Foreign Country) Elvens, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Sparks		13b. MOTHER'S MAIDEN NAME Emily Montgomery	
14. NAME OF HUSBAND OR WIFE Edith Soebbing Sparks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) No None		16. SOCIAL SECURITY NO. 488-01-9232	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith S. Sparks		18. ADDRESS Box 94 Wright City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1/2 Hr.	
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 _____, 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 Joseph J. Marsh ³ Coroner		23b. ADDRESS Troy, Missouri	
23c. DATE SIGNED 12/16/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-19-52	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 12-20-52		REGISTRAR'S SIGNATURE Emm S. Riddle	
25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith		ADDRESS Maplewood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

570
1

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

A. P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.