

No. 300
10.48

FILED JUN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21174

State File No.

101
PRIMARY REG. DIST. NO. 4391

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 4391		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dora, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dora, Missouri		d. STREET ADDRESS (If rural, give location) R F D	
d. FULL NAME OF HOSPITAL OR INSTITUTION X X							
3. NAME OF DECEASED (Type or Print) Aletta Ottilia Sparks			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH 3-15-53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 7-3-1876		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Douglas County, Mo.,		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Drumwright		13b. MOTHER'S MAIDEN NAME Eliza Hatcher		14. NAME OF HUSBAND OR WIFE E. G. Sparks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME E. G. Sparks, Dora, 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) Disease of heart 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 2.15.53 , 19 Only , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 PM. , from the causes and on the date stated above.							
23a. SIGNATURE F. L. G. S. M. D.				23b. ADDRESS awa mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 3-18-53	24c. NAME OF CEMETERY OR CREMATORY Pleasant Mound		24d. LOCATION (City, town, or county) (State) Dora, Missouri		
DATE REC'D BY LOCAL REG. 6-12-53		REGISTRAR'S SIGNATURE Clyde A. Bridger		25. FUNERAL DIRECTOR'S SIGNATURE Robertsons, West Plains, Missouri			

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 *A. S. Kabe...*

Licensed Embalmer No. *432*

P. O. Address *West Plains, Tenn.*

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.