V.S. No. 300
Rev. 10.48

DR-DODD
0-55-0
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1953

State File No. 39627

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville
c. LENGTH OF STAY (in this place): 11 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Methodist Home For Aged

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chapman 815-0
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): R.
c. (Last): Sparks

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3 1873
9. AGE (In years last birthday): 80 — If under 1 year: Months 6, Days 7 — 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:
11. BIRTHPLACE (State or foreign country): Butler Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry B. Robinson
13b. MOTHER'S MAIDEN NAME: Francis M. Sherwood
14. NAME OF HUSBAND OR WIFE: Edwin E Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Methodist Home Records Marionville

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: about a week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Hemorrhage (Possibly T.B. — about 3 weeks
DUE TO (c) Hypertension — about 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* About Dec 1, 1952, *to* Nov. 10, 1953, *that I last saw the deceased alive on* Nov. 10, 1953 *and that death occurred at* 11.20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stella L. Dodd M.D.
23b. ADDRESS: Marionville, Mo.
23c. DATE SIGNED: Nov. 11, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 11/53
24c. NAME OF CEMETERY OR CREMATORY: Indian Hill Cemetery
24d. LOCATION (City, town, or county) (State): Chapman, Kansas.

DATE REC'D BY LOCAL REG.: Nov. 11, 1953
REGISTRAR'S SIGNATURE: Ora McNatt /57
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J.B. Surridge, Marionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

for Asa McHatt

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.