

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5405

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5700 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Livingston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY Livingston

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bedford, Land Rurality

c. LENGTH OF STAY (in this place) 40 years

c. CITY OR TOWN Bedford

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles S.E. Bedford Mo

e. STREET ADDRESS (If rural, give location) 4 S/E Bedford, 0590

3. NAME OF DECEASED
a. (First) EDWARD b. (Middle) WHITE c. (Last) SPARROW

4. DATE OF DEATH (Month) (Day) (Year) Feb. 19th, 1954

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 24, 1861

9. AGE (in years last birthday) 92

IF UNDER 1 YEAR Months 5 Days 25

IF UNDER 24 HRS. Hours 7 Minutes 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) Indiana,

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ebenezer Sparrow

13b. MOTHER'S MAIDEN NAME Mary Louise Leonard,

14. NAME OF HUSBAND OR WIFE Mrs Lucy Ann Sparrow,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Dan Jagger, Hale, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial stenosis
INTERVAL BETWEEN ONSET AND DEATH 30 yrs
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 410x

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) (Minute)

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 Feb 1, 1954, to Feb 19, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 10:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. G. W. Austin

23b. ADDRESS M.D. Chellisth

23c. DATE SIGNED 2-20-1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/21/1954

24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery

24d. LOCATION (City, town, or county) (State) Hale, Mo.

DATE REC'D BY LOCAL REG. 2/22-21-54

REGISTRAR'S SIGNATURE Frances B. Neel

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No..... #32

P. O. Address..... Tina, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.