

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12419

State File No.

FILED APR 26 1954
BIRTH NO. ... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place) 13 days		d. STREET ADDRESS (If rural, give location) 526 N Sargent	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hosp			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) DEBELL	c. (Last) SPARKS	4. DATE OF DEATH (Month) (Day) (Year) 4 21 54
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 1, 1883	9. AGE (In years last birthday) 70	10 UNDER 1 YEAR 10	11 UNDER 1 YEAR 20	12 UNDER 1 YEAR 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ston operator	10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (State or foreign country) Fort Smith Ark. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Geo of Sparks	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mrs Mabel Sparks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Mabel Sparks	ADDRESS 536 N Sargent
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident	DUE TO (b) Arteriosclerosis		10 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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"/>
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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) 331 X
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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?
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22. I hereby certify that I attended the deceased from **3-28**, 19**54**, to **4-21**, 19**54**, that I last saw the deceased alive on **April 21**, 19**54**, and that death occurred at **7:45 A m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Hulse M.D.	23b. ADDRESS Joplin, Missouri	23c. DATE SIGNED 4/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/24/54	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	24d. LOCATION (City, town, or county) (State) Joplin MO.
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DATE REC'D BY LOCAL REG. 4-23-54	REGISTRAR'S SIGNATURE W. H. Hulse	138-2	25. FUNERAL DIRECTOR'S SIGNATURE Robert Funeral Home	ADDRESS 319 Main St. Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1954

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edwin M. Dungey

Licensed Embalmer No. 3566

Signed.....
Student Embalmer

P. O. Address Joplin 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.