

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19801

State File No.

FILED JUL 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>BURL. JCT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSP</u>				STREET ADDRESS (If rural, give location) <u>2740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORIS</u> b. (Middle) <u>MAURINE</u> c. (Last) <u>SPARGUR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 22 1954</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCT. 26, 1908</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BORNINGTON JCT MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>WILLIAM SPARGUR</u>		13b. MOTHER'S MAIDEN NAME <u>MABEL BROWN</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MABEL SPARGUR</u>		ADDRESS <u>BURL. JCT. MO</u>	
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) <u>Hodgkins disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
	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 <u>201X</u>				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) _____		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 <u>June 22, 1954</u> , that I last saw the deceased alive on <u>June 22, 1954</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. B. Dyland M.D.</u>				23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>7-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OHIO</u>		24d. LOCATION (City, town, or county) (State) <u>BURL. JCT. MO</u>		
DATE REC'D BY LOCAL REG. <u>7-10-54</u>		REGISTRAR'S SIGNATURE <u>Leslie Holt 239</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Abner Burl. Jct. Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1956

JUN 22 1956

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. 290
P. O. Address Burl...

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.