

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44200**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2898	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JEFFERSON			
b. CITY OR TOWN CLAYTON		c. LENGTH OF STAY (in this place) 8 Hours		c. CITY OR TOWN FLETCHER		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 ST. LOUIS COUNTY HOSPITAL				STREET ADDRESS (If rural, give location) RURAL 0500 1			
3. NAME OF DECEASED (Type or Print) a. (First) Harry			b. (Middle) _____		c. (Last) Sparks		4. DATE OF DEATH (Month) (Day) (Year) 12-8-54
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 24, 1891		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROUND MAN		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and State or Foreign Country) POTOSI, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MARION SPARKS		13b. MOTHER'S MAIDEN NAME NANCY BOHANNAN		14. NAME OF HUSBAND OR WIFE EMMA SPARKS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 498-18-8381		17. INFORMANT'S SIGNATURE OR NAME EMMA SPARKS		ADDRESS FLETCHER, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral hemo-pneumo thorax			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
				ANTECEDENT CAUSES DUE TO (b) Multiple Fractured ribs - Bilateral			
				DUE TO (c) Trauma			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured skull Severe concussion & contusion - cerebral			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Laceration scalp.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident & construction		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, building) Rural - St. Louis Co. Mo.		21c. (CITY, TOWN, OR TOWNSHIP) 400 (COUNTY) 60 (STATE) 60			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-8-54 m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? trough on the head by a falling "A" frame			
22. I hereby certify that I attended the deceased from 12-8-1954 , to 12-8-1954 , that I last saw the deceased alive on 12-8-1954 , and that death occurred at 11:55 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Walker A. Nelson (Degree or title) MD				23b. ADDRESS 601 S. Brentwood, Clayton		23c. DATE SIGNED 12/8/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-8-54		24c. NAME OF CEMETERY OR CREMATORY POTOSI		24d. LOCATION (City, town, or county) (State) Missouri	
DATE REC'D BY LOCAL BEY 12/17/54		REGISTRAR'S SIGNATURE Heckel R. Nembert		25. FUNERAL DIRECTOR'S SIGNATURE SPARKS		ADDRESS POTOSI, MO.	

(Licensed Embalmer - Placement on Reverse Side)

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

100 43 100

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] Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.