

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5936**

BIRTH NO. 124		REC. DIST. NO. 316		PRIMARY REG. DIST. NO. 6074		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before and (institution). a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge		c. LENGTH OF STAY (in this place) 1		c. CITY OR TOWN Desloge		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				STREET ADDRESS (If rural, give location) 0940			
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) N.		c. (Last) Sparks		4. DATE OF DEATH (Month) (Day) (Year) February 18-55	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 19, 1888	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 4 Days 29		IF UNDER 6 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY 		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 Bohannon		14. NAME OF HUSBAND OR WIFE Nellie East Sparks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Vivian Sparks ADDRESS Bonne Terre, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart - Complete A.V. Block		DUPLICATE TO (b) Arteriosclerosis, generalized				1 month	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) Coronary thrombosis (heart) 1 yr.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 4-20-51		19b. MAJOR FINDINGS OF OPERATION 				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept, 1948 to Feb 18, 1955 , that I last saw the deceased alive on Feb 18, 1955 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. I. Foster 289 (Degree or title) M.D.				23b. ADDRESS Desloge, Missouri		23c. DATE SIGNED 2-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb-20-1955		24c. NAME OF CEMETERY OR CHAPEL Potosi Masonic Ceme		24d. LOCATION (City, town, or county) (State) Potosi, Missouri	
DATE REC'D BY LOCAL REG. Feb 20 1955		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE SPARKS		ADDRESS Bonne Terre, Missouri	

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

1738 21

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 *John N. Shipman*

Licensed Embalmer No. *4881*

P. O. Address *Bismarck, N.D.*

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.