

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

89777

State File No.

No. 300

10-48

FILED MAR 21 1955 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell - rural	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 8 miles northwest	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) CLYDE	c. (Last) SPARKS	4. DATE OF DEATH (Month) (Day) (Year) 3 14 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/13/11	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Cashier	10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (State or foreign country) Gaynor, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William E. Sparks	13b. MOTHER'S MAIDEN NAME Ida May Nigh	14. NAME OF HUSBAND OR WIFE Ruth Robb Sparks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or date of service) World War II	16. SOCIAL SECURITY 495-01-5940	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Sparks, Parnell, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation & Pulmonary Edema.		
	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. Multiple Sclerosis		5 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4-3-4-3	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **March 11, 1955**, to **March 14, 1955**, that I last saw the deceased alive on **March 13, 1955**, and that death occurred at **1:45A** m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Clunshoe	(Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED March 16, 1955
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 3/16/55	24c. NAME OF CEMETERY OR CREMATORY Gaynor	24d. LOCATION (City, town, or county) (State) Parnell, Missouri
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DATE REC'D BY LOCAL REG. 3-19-55	REGISTRAR'S SIGNATURE Bess Bolt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed John W. Price ,

Licensed Embalmer No. 4281

P. O. Address Maryville 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.