

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1956

State File No. 1525

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 54

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Independence</i>		c. CITY OR TOWN <i>Independence</i>	
c. LENGTH OF STAY (in this place) <i>31 yrs</i>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Indep. Nursing Home</i>		STREET ADDRESS (If rural, give location) <i>1233 So. Hardy. 10050</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Harry</i> b. (Middle) <i>T.</i> c. (Last) <i>M^cSparran</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 29 1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 29 1868</i>
9. AGE (Years last birthday) <i>87</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i> Carpenter</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Cameron, Mo</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Building</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Frank M^cSparran</i>		13b. MOTHER'S MAIDEN NAME <i>Mary A. Shackwell</i>	14. NAME OF HUSBAND OR WIFE <i>Elizabeth M^cSparran</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Robt. M. M^cSparran 17000 Olive St</i>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cause of death unknown</i>	
		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) _____ 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. <i>no past ailments</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>7955</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Frank M. Owens Coroner</i>		23b. ADDRESS <i>1034 Rialto Blvd</i>	
23c. DATE SIGNED <i>1-30-56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 31-56</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Bur</i>		24d. LOCATION (City, town, or county) (State) <i>Jackson Co. Mo</i>	
DATE REC'D BY LOCAL REG. <i>1-31-56</i>		REGISTRAR'S SIGNATURE <i>James L. Kelly 54</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilton L. Kopy</i>		ADDRESS <i>Indep. Mo</i>	

MAY 8 1958

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.....
William L. Hasky

Licensed Embalmer No. *4223*

P. O. Address *Indep. m*

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.