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FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19839

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 18 PRIMARY REG. DIST. NO. 3010 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		b. COUNTY <u>New Madrid</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. E. Missouri Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Sparkman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 9 1883</u>	9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	11. BIRTHPLACE (State or foreign country) <u>Advance Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Daniel Welch</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Crews</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Lester Kimbrell Parma Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>  <u>2 yrs</u>
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
	3. 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>33ix</u>	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)	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 June 4, 1956, to June 11, 1956, that I last saw the deceased alive on June 11, 1956, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. O. Heaha</u>	(Degree or title)	23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>6-16-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 14 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-20-56</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Watkins Funeral Soc., Parma Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4-6

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 Earl M. Watterline

Licensed Embalmer No. 4964

P. O. Address Dexter, 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.