

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37504**

BIRTH NO. _____		REG. DIST. NO. 29		PRIMARY REG. DIST. NO. 5375		Registrar's No. 3		
1. PLACE OF DEATH a. COUNTY Dekalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dekalb				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Santa Rosa, Mo. Dallas		c. LENGTH OF STAY (in this place) (If in hospital, give date of admission) 10 days		c. CITY OR TOWN Santa Rosa Dallas		d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. # 1, Pattonsburg, Mo.				STREET ADDRESS (If rural, give location) Rt. # 1, Pattonsburg, Mo.				
3. NAME OF DECEASED a. (First) Julia Merclite Sparks			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH 11-26-1956 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-18-1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (City and State or Foreign Country) Grandin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry Pratt			13b. MOTHER'S MAIDEN NAME Susan Grill		14. NAME OF HUSBAND OR WIFE Perce E. 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. None		17. INFORMANT'S SIGNATURE OR NAME Perce E. Sparks, Rt # 1, Pattonsburg, Mo. ADDRESS _____				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lungs INTERVAL BETWEEN ONSET AND DEATH 8 mths ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer removed from left breast 4 1/2 yrs ago DUE TO (c) Cause of Cancer unknown. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. intermittent Colitis & stomach ulcer 5 yrs.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X					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) (Min.)		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 June , 19 50 , to 11/26 , 19 56 , that I last saw the deceased alive on 11/26 , 19 56 , and that death occurred at 9:30A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Hub Bailey			23b. ADDRESS Pattonsburg Mo			23c. DATE SIGNED 11-28-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-28-1956		24c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery		24d. LOCATION (City, town, or county) (State) Coffey, Missouri		
DATE REC'D BY LOCAL REG. 12-1-56		REGISTRAR'S SIGNATURE Kiracoe Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Jouis Faust ADDRESS Pattonsburg, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

100-100-100

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 of Student Embalmer

Signed *Louis Quest*.....

Licensed Embalmer No. *4896*.....

P. O. Address *Pattonburg*.....

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.