

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11124

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State File No. 3127

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 3127		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN Collinsville,		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 23 St. John's Hosp.				e. STREET ADDRESS (If rural, give location) 32 609 Greenwood Place											
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) H. c. (Last) Sparks			4. DATE OF DEATH (Month) (Day) (Year) March 25 1957												
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 28, 1880		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Broker			10b. KIND OF BUSINESS OR INDUSTRY Livestock		11. BIRTHPLACE (City and State or Foreign Country) Marshall Mo.			12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Henry Clay Sparks			13b. MOTHER'S MAIDEN NAME Mary Long			14. NAME OF HUSBAND OR WIFE Mrs Naomi Sparks									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no none		16. SOCIAL SECURITY NO. 327-01-7934		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles H. Sparks Collinsville, 11											
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung  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.  163x						INTERVAL BETWEEN ONSET AND DEATH 2 wks (?)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <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 3/19 1957, to 3/25, 1957, that I last saw the deceased alive on 3/25, 1957, and that death occurred at 9:30 P. m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) William E. Turner M.D.				23b. ADDRESS 16 Hampton Village Pl.				23c. DATE SIGNED 3/26/57							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28/57	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery			24d. LOCATION (City, town, or county) (State) Troy, Illinois									
DATE REC'D BY LOCAL REG. APR 1 57		REGISTRAR'S SIGNATURE Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herr Funeral Home, Collinsville, 11.									

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

(Licensed Embalmer's Statement on Reverse Side)

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  Vince Herr, Jr.  
.....

Licensed Embalmer No. 3577.....

P. O. Address Collinsville, Ill.....

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.