

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015013
STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		c. CITY OR TOWN Princeton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell-Hospital		d. STREET ADDRESS Princeton	
Length of stay in 1b Life		Residence on Farm Yes# No□	

3. NAME OF DECEASED (Type or print) First Middle Last Wilma Shirley Sparks			4. DATE OF DEATH Month Day Year 4 27 58		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-9-1927		9. AGE (In years last birthday) 31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Princeton 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Vanderpool			14. MOTHER'S MAIDEN NAME Sarah Washburn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Abner Jr. Sparks-Princeton-Mo. Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Convulsions		INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cancer of the brain		3 years
DUE TO (c) 1930		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-5-58 to 4-27-58 and last saw her alive on 4-27-58
Death occurred at 1:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Byron I. Axtell D.O.	22b. ADDRESS Princeton, Mo.	22c. DATE SIGNED 4-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-29-1958	23c. NAME OF CEMETERY OR CREMATORY Pine Cemetery
23d. LOCATION (City, town, or county) Mercer County--Missouri		(State)

24. FUNERAL DIRECTOR Martin Funeral Home-Princeton-Mo.	ADDRESS 4-29-58	25. DATE RECD. BY LOCAL REG. 4-29-58	26. REGISTRAR'S SIGNATURE Auel Masu
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
300 1-56
0650
393
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *H.E. Agnell*.....

Licensed Embalmer No. 50.....

P. O. Address *Princeton*.....

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.