

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033838

STATE FILE NUMBER

HELD OCT 14 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hospital</i> Length of stay in lb <i>5 days</i>		d. STREET ADDRESS (If outside, give location) <i>205 North Hinkley</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>ORPHA M. SPARKS</i>		4. DATE OF DEATH <i>Sept-29-1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March-30-1888</i>
9. AGE (In years last birthday) <i>70</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Wabash R.R.</i>	11. BIRTHPLACE (City and state or country) <i>Middle Grove Mo.</i>
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Section Labor</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>unk.</i>		14. MOTHER'S MAIDEN NAME <i>Weber.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Mrs. Naomi Boyer Birch Tree Mo.</i>		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) <i>Acute coronary circulatory failure</i> DUE TO (b) <i>Coronary Embolus</i> DUE TO (c) <i>Amputation of leg</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Diabetes Mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>instant</i> <i>48 h</i>	
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 <i>—</i> Month, Day, Year a. m. <i>—</i> p. m. <i>—</i>			
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 <i>Sept 2-58</i> to <i>Sept 29-58</i> and last saw <i>him</i> alive on <i>Sept 29-58</i> Death occurred at <i>8:00 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>M. C. Kelley DO</i>		22b. ADDRESS <i>Moberly, Mo</i>	
22c. DATE SIGNED <i>10-1-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct-1-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>	
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i>		25. DATE RECEIVED BY LOCAL REG. <i>10-1-58</i>	
26. REGISTRAR'S SIGNATURE <i>Dea... ..</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

All 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

MEDICAL CERTIFICATION

OCT 8 0 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.....

R. M. Carter

Licensed Embalmer No. 41

P. O. Address *Moberly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.