

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017959

STATE FILE NUMBER 2537

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2537

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in lb 18 years	d. STREET ADDRESS (If outside, give location) 5630 Holmes Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELLA Middle Last SPARROW			4. DATE OF DEATH Month May Day 19 Year 1959		
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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 June 2, 1892	9. AGE (In years of birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hale, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edgar Pearson	13b. MOTHER'S MAIDEN NAME Eliza Wright	14. NAME OF HUSBAND OR WIFE William B. Sparrow
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT William B. Sparrow	Address 5630 Holmes
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension		2 yrs
	DUE TO (c) arterio sclerosis		2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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.) no
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20c. TIME OF INJURY Hour a.m. p.m. no	20d. INJURY OCCURRED WHILE AT <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.) no	20f. CITY, TOWN, OR LOCATION no	COUNTY no	STATE no
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21. I attended the deceased from June 1958 to 5-19-59 and last saw her alive on 5-19-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Dee or title) M. B. Casebolt MD	22b. ADDRESS 4000 Baltimore H.C. #10	22c. DATE SIGNED 5-20-59
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23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE May 21, 1959	23c. NAME OF CEMETERY OR CREMATORY White Chapel Memorial Gardens	23d. LOCATION (City, town, or county) (State) Gladstone, Mo.
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24. FUNERAL DIRECTOR FREEMAN MORTUARY	ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 5-21-59	26. REGISTRAR'S SIGNATURE Neva Minshall
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M. B. Casebolt USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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57

Birth,
Marriage,
Public
Service

Dr. M. B. Caschett
4000 Baltimore

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*
P. O. Address *H. C. M.*

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.