

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023800
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sweet Springs</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Odessa</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>FORSTH RESTORATION</i> Length of stay in 1b <i>16 mo.</i>		d. STREET ADDRESS (If outside, give location) <i>506 South 2nd St</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>LOU ETTA SPARKS</i>		4. DATE OF DEATH Month Day Year <i>June 18 1959</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 24 1874</i>
9a. AGE (In years last birthday) <i>85</i>		9b. IF UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <i>Lafayette Co mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Caleb Proctor</i>	
13b. MOTHER'S MAIDEN NAME <i>Hester Standfield</i>		14. NAME OF HUSBAND OR WIFE <i>walker sparks</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>W.T. Sparks Odessa, mo.</i>
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>Myocarditis</i> DUE TO (b) <i>Cachexia</i> DUE TO (c) <i>Hypoproteinemia 286.7</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Grand mal seizures - Etiology?</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> <i>2 yrs.</i> <i>2 yrs.</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 Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>May '58</i> to <i>June '59</i> and last saw her alive on <i>June 2, 1959</i> Death occurred at <i>1:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased's title) <i>Paul Roberts, MD</i>		22b. ADDRESS <i>Sweet Springs Mo</i>	
22c. DATE SIGNED <i>6-18-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-21-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Odessa Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Odessa mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Husman-Sparks Odessa, mo</i>		25. DATE RECD. BY LOCAL REG. <i>June 21, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Marj Mowley</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *William T. Sparks*

Licensed Embalmer No. *4431*
P. O. Address *Odessa,*

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.