

FILED VS DEC 15 1959

59-039169
STATE FILE NUMBER

Registration District No. 289 Primary Registration District No. 5159 Registrar's No. 12

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Callaway</u>	a. STATE <u>MO</u>	b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caldwell TWP</u>	Length of stay in 1b <u>Wife</u>	c. CITY OR TOWN <u>New Bloomfield</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West of New Bloomfield</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>East New Bloomfield</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Cora</u>	Middle <u>Agnes</u>	Last <u>Schreen</u>	Month <u>12</u>	Day <u>7</u> Year <u>59</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 2-1878</u>	9. AGE (last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Caldwell Twp Callaway Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Clifton Sparks</u>		13b. MOTHER'S MAIDEN NAME <u>Haridson</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Schreen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT <u>Fred Schreen New Bloomfield Mo</u> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <u>3:20</u> Month, Day, Year <u>Jan 1-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>New Bloomfield</u>	COUNTY <u>Callaway</u>	STATE <u>MO</u>
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21. I attended the deceased from Jan 1-59 to Dec 7-59 and last saw her/him alive on Dec 6-1959
Death occurred at 3:20 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. Muel Rust M.D.</u>	(Degree or title)	22b. ADDRESS <u>New Bloomfield Mo</u>	22c. DATE SIGNED <u>Dec 7-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Ceme</u>	23d. LOCATION (City, town, or farm, bldg., etc.) <u>Highway 54 - 7 mi North Mo</u>
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24. FUNERAL DIRECTOR <u>Claypool Service</u>	ADDRESS <u>New Bloomfield</u>	25. DATE RECD. BY LOCAL REG. <u>12-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Leroy Cluyton</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Robert Clayton*

Licensed Embalmer No. 4412

P. O. Address *W. Bluff A. H.*

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.