

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020040

FILED VS. MAY 25 1960

187 Primary Registration District No. 3040 Registrar's No. 100

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Polk					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 5 yrs.		c. CITY OR TOWN Des Moines		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last LOTTIE ANN SPARKS				4. DATE OF DEATH Month Day Year May 19, 1960					
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/19/1874	9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saleslady			10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and state or country) Sigourney, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Alois Kleitz			13b. MOTHER'S MAIDEN NAME Mary Ann Meyers			14. NAME OF HUSBAND OR WIFE Fred Sparks			
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. 179-30-9336		17. INFORMANT Address Mrs. Jennie O'Roark, Sawm, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic pyelonephritis							INTERVAL BETWEEN ONSET AND DEATH Unknown		
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) Generalized arteriosclerosis with cerebral thrombosis					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				
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.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 Feb 1960 to May 14, 1960 and last saw her alive on May 15, 1950 Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Degree or title) William L. Furr, M.D.				22b. ADDRESS Chillicothe, Mo.			22c. DATE SIGNED 5/21/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Sigourney cemetery		23d. LOCATION (City, town, or county) Sigourney, Iowa			(State)	
24. FUNERAL DIRECTOR ADDRESS Michael Funeral Home, Braymer, Mo.				25. DATE RECD. BY LOCAL REG. 5/21/60		26. REGISTRAR'S SIGNATURE Frances B Neill			

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

0981 I NO

~~or by~~ _____, Student Embalmer No. _____

~~working under my personal supervision.~~

Student _____

Signature of Student Embalmer

Signed Leub, Michael.

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

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.