

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047746

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 56

FILED DEC 18 1962

VS 300  
Rev. 4/59

0690  
0690

3  
4 1  
5 2  
6  
7 0  
8 0  
94201  
10  
11  
1286-0  
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JACKSON TOWNSHIP</b>		c. CITY OR TOWN <b>MONROE CITY</b>	
Length of stay in 1b <b>2 YEARS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PLEASANT VIEW REST HOME</b>		d. STREET ADDRESS (If outside, give location) <b>208A N. MAIN ST</b>	
3. NAME OF DECEASED (Type or print) First <b>LAURA</b> Middle <b>COLISTA</b> Last <b>SPARKS</b>		4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>14</b> Year <b>1962</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>NOVEMBER 6, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MARION COUNTY, MISSOURI</b>
13a. FATHER'S NAME <b>HENRY H. SEE</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA ANN SHARP</b>	14. NAME OF HUSBAND OR WIFE <b>HIRAM B. SPARKS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lung cancer</b> DUE TO (b) <b>Lung cancer</b> DUE TO (c) <b>Lung cancer</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT <b>Mrs. J. I. Hunt</b> Address <b>Stoutville mo</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
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	
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 <b>5-14-62</b> to <b>Dec 14</b> and last saw her/him alive on <b>Dec 14</b> Death occurred at <b>5:30 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>[Signature]</b> 22b. ADDRESS <b>[Address]</b> 22c. DATE SIGNED <b>5-14-62</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>DECEMBER 16, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST JUDES CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MISSOURI</b>
24. FUNERAL DIRECTOR <b>Wilson &amp; Sons</b>	ADDRESS <b>Monroe City mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-14-62</b>	26. REGISTRAR'S SIGNATURE <b>J. A. Barnett m.d.</b>

EX-100-100-100-100

**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 me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leatrice L. Hickey \_\_\_\_\_

Licensed Embalmer No. 3014 \_\_\_\_\_

P. O. Address Sumner City, 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.