

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 2 1948  
Registration District No. 27

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37488

State File No. ....  
Registrar's No. 47

Primary Registration District No. 4366

1. PLACE OF DEATH:  
(a) County NEWTON  
(b) City or town GRANBY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Granby Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether  
In this community All Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County NEWTON  
(c) City or town GRANBY R#2  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Cecil R. SPARLIN  
3. (b) If veteran, name war .....  
3. (c) Social Security No. ....

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ELLA M.  
6. (c) Age of husband or wife if alive YES years  
7. Birth date of deceased Feb 1 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 9 20 hr. min.

9. Birthplace Seneca Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Mill Worker

11. Industry or business SELF

12. Name ORRICK SPARLIN

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant ELLA M. SPARLIN

(b) Address GRANBY R#2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 24-48  
(Month) (Day) (Year)

(c) Place: burial or cremation GRANBY Cem

18. (a) Signature of funeral director CLARK BIGHAM

(b) Address Neesho, Mo.

19. (a) 11-27-1948 (Date received local registrar) (b) M. L. Young (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 21  
year 1948 hour 3:33 minute 9 P. M.  
21. I hereby certify that I attended the deceased from Nov. 17  
1948 to Nov. 21, 1948.  
that I last saw him alive on Nov. 21, 1948  
and that death occurred on the date and hour stated above.

Duration  
Immediate cause of death Myocardial Degenerat. A 1/2 Mo. changes

Due to Silicosis unknown

Due to Cirrhosis of the liver induced by trauma 9 1/2 Mo

Other conditions see below  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED  
Of operations: 938  
Of autopsy: 1948  
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 73

(b) Date of occurrence June 1948

(c) Where did injury occur? Granby, Newton Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry

While at work? Work (Specify type of place)

(e) Means of injury Truck accident

23. Signature Chas. Chastain, D.O.  
Address Granby Mo Date signed 11-23-48

MAR 31 1950

Date filed 12-1-48

District File Number 1248-403

District Health Officer No. *Morton C. Smith*

RECEIVED

SEP 8 1949

DEC 10 1948

DEC 2 1948

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *K. G. White*

Licensed Embalmer No. *4240*

P. O. Address *Neosho, 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 this body is not embalmed, fact should be so stated above.

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

<b>3. NAME OF DECEASED.</b> (Type or Print)	a. (First)	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
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<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (In years last birthday) if under 12 months if under 1 year if under 1 year
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country)	<b>12. CITIZEN OF WHAT COUNTRY?</b>
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<b>13a. FATHER'S NAME</b>	<b>13b. MOTHER'S MAIDEN NAME</b>	<b>13c. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service)	<b>17. INFORMANT'S SIGNATURE OR NAME</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	2. ANTECEDENT CAUSES (b)		

\* This does not mean the mode of death such as falling, burning, struck by train, drowning, due to (b)

Dusk       Dawn       Street or highway not lighted

accident occurred at the Federal mine near ...  
 according to the Hospital ... at ...  
 was due to ...  
 Traffic Authority (or, Police) of State or City ...  
 ...  
 ...

**COPY 4 - DELAYED FILE: STATE BUREAU OF VITAL STATISTICS**  
 (Use to check returns from State Traffic Authority)

<b>23a. SIGNATURE</b>	(Degree of title)	<b>23b. ADDRESS</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State)
<b>DATE REC'D BY LOCAL REG.</b>	<b>REGISTRAR'S SIGNATURE</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>	<b>ADDRESS</b>

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SUPPLEMENTARY

No. 300  
10-48

MAR 31 1950

1948

S-37488