S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1949

State File No. 27703

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Elm Tmp.
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Livonia, Mo. /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Livonia, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): D.
c. (Last): Sparks

4. DATE OF DEATH (Month) (Day) (Year): Aug. 21 1949

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M /
8. DATE OF BIRTH: July 17-1872
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Putnam Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Peter Sparks
13b. MOTHER'S MAIDEN NAME: Sarah Vestel
14. NAME OF HUSBAND OR WIFE: Dora Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Perley Sparks, Livonia, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1949, *to* Aug 25, 1949, *that I last saw the deceased alive on* Aug 20, 1949, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. V. Hart M.D.O.
23b. ADDRESS: Coatsville Mo.
23c. DATE SIGNED: Aug 23 49

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: Aug. 23-49
24c. NAME OF CEMETERY OR CREMATORY: Rose Cem.
24d. LOCATION (City, town, or county) (State): Putnam Co. Mo.

DATE REC'D BY LOCAL REG.: 9-2-49
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F. O. Husted & Son, Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed Muri E Husted

Licensed Embalmer No. 3304

P. O. Address Annapolis 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.