

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22630

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
c. LENGTH OF STAY (In this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 215 W. Mill	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) Misha	b. (Middle) Ki	c. (Last) Sparks	4. DATE OF DEATH (Month) (Day) (Year) July 13 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 Feb. 18 1873	9. AGE (In years last birthday) 77	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Indiana (Fulton Co)		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Samuel Millizer	13b. MOTHER'S MAIDEN NAME Mary Gice	14. NAME OF HUSBAND OR WIFE Jeff Sparks
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Lucille Sparks	ADDRESS 13 1/2 Central Ave. Kirksville
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) _____		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility - Generalized Arteriosclerosis			50 yrs.

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **July 7, 1950**, to **July 13, 1950**, that I last saw the deceased alive on **July 13, 1950**, and that death occurred at **2:12 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Beelman	(Degree or title) 2 D.O.	23b. ADDRESS Kirksville Mo	23c. DATE SIGNED 7/13/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/15/50	24c. NAME OF CEMETERY OR CREMATORY Pleasant Home	24d. LOCATION (City, town, or county) (State) Worthington Mo
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DATE REC'D BY LOCAL REG. 7-13-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Wm J. West	ADDRESS Queen City Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUL 18 1950
District Health Officer No. 10
District File Number 7-50-1174
Date Filed JUL 27 1950

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 _____

Miss A. West

Licensed Embalmer No. 2882

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