

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

31

State File No. ....

**FILED JAN 24 1951**

No. 300  
10. 48

013

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>Die</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		<u>015</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 W. Patterson, Home</u>				d. STREET ADDRESS (If rural, give location) <u>Kirksville, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tilda</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Sparks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1st</u> <u>5, 1951</u>				
5. SEX <u>Fem</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept. 15, 1867</u>	
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>3</u> DAYS <u>21</u>		IF UNDER 1 YEAR Hours <u>  </u> Min. <u>  </u>		IF UNDER 48 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mendatta, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Carnelison</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret West</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Sparks</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella J. Lee Kirksville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <u>334x</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>  </u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>  </u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JAN 1, 1950</u> , to <u>JAN 2, 1951</u> , that I last saw the deceased alive on <u>JAN 2, 1951</u> , and that death occurred at <u>11:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>1-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 7-51</u>		24c. NAME OF CEMETERY OR CREMATORY, <u>Rose Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Graysville, MO</u> <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>1-9-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. EMBALMER'S SIGNATURE ADDRESS <u>[Signature] Kirksville, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1951

Date Received:  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-93  
Date Filed: JAN 2 1 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Donald L Roberts

Signed.....  
Student Embalmer

Licensed Embalmer No. 4722

P. O. Address Ferksville 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.