

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10653**
2047

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		0502	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 205 Russell			
3. NAME OF DECEASED (Type or Print)		a. (First) Len		b. (Middle) Orlando		c. (Last) Sparks	
4. DATE OF DEATH (Month) (Day) (Year) 2 28 51		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 22, 1888		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 3 Days 6		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Jackson Sparks		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ellen (Scott) Sparks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 356-01-8950		17. INFORMANT'S SIGNATURE OR NAME ADDRESS David Sparks Herculaneum, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Perforated duodenal ulcer					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					
19a. DATE OF OPERATION _____		II. OTHER SIGNIFICANT CONDITIONS Generalized peritonitis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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 540.1	
22. I hereby certify that I attended the deceased from 2/27 , 19 51 , to 2/28 , 19 51 , that I last saw the deceased alive on 2/28 , 19 51 , and that death occurred at 3:30p m., from the causes and on the date stated above.							
23a. SIGNATURE FR Bradley (Degree or title) M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 2/28/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-51		24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery		24d. LOCATION (City, town, or county) (State) Hematite, Mo.	
DATE REC'D BY LOCAL REG. MAR 3 1951		REGISTRAR'S SIGNATURE J B Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fink Funeral Parlor, Festus, Mo.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Eleanora J. Poirer

Signed.....
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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.