S. No. 300
v. 10.48

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16777
Registrar's No. 2289

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Children's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0490
d. STREET ADDRESS (If rural, give location): Rt #2.

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

4. DATE OF DEATH (Month) (Day) (Year): 5 14 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 5-2-45
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: child
11. BIRTHPLACE (State or foreign country): ~~Wanda~~ Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Joe Sparks
13b. MOTHER'S MAIDEN NAME: Wanda Hemphill
14. NAME OF HUSBAND OR WIFE: never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Joe Sparks — ADDRESS: Joplin, 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): Traumatic Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E90 no 21

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 049
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Joplin Jasper, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-12-1952 m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [✓]
21f. HOW DID INJURY OCCUR? fell down some steps

22. *I hereby certify that I attended the deceased from* 5-13, 1952, *to* 5-14, 1952, *that I last saw the deceased alive on* 5-14, 1952, *and that death occurred at* 6:50 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. M. Gilkey (Degree or title): MD
23b. ADDRESS: 1624 Prof Bldg
23c. DATE SIGNED: 5-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 18-52
24c. NAME OF CEMETERY OR CREMATORY: Galena Mo
24d. LOCATION (City, town, or county) (State): Galena, Mo.

DATE REC'D BY LOCAL REG.: 5-19-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Everett J Cheatham — ADDRESS: Galena 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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salem 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.