

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34907**

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Union Two.	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 10 mi. South of Green City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Sparr c. (Last) Snake			4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 9, 1876		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days 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 Own Farm		11. BIRTHPLACE (State or foreign country) Indiana	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Spake		13b. MOTHER'S MAIDEN NAME Samantha First		14. NAME OF HUSBAND OR WIFE Elfie May Spake	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elfie Spake, Route 3, Milan, Mo.	

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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Passive congestion of heart		1 wks	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Paralysis agitans & dementia 4 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491 X		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)		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 10/26, 1953, to 11/6, 1953, that I last saw the deceased alive on 11/6, 1953, and that death occurred at 10:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Plure 2nd		23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 11/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
		24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo.			

DATE REC'D BY LOCAL REG. 11-10-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo	
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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 _____

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address: *Green City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.