

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

3684

State File No.

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499** Registrar's No. **6**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Shelby County	1020	a. STATE Missouri	b. COUNTY Shelby
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina, Mo.	c. LENGTH OF STAY (In this place) 25 yrs	c. CITY OR TOWN Shelbiba	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION None	e. STREET ADDRESS (If rural, give location) X	1020	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ARTHUR	b. (Middle) PEMBERTON	c. (Last) SPARKS	2-12-1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH 5-26-1872	9. AGE (In years last birthday) 81	10. IF UNDER 1 YEAR 8 Months 14 Days 14 Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Shelby Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert Sparks	13b. MOTHER'S MAIDEN NAME Polina Pemberton	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No	16. SOCIAL SECURITY (If yes, give war or date of service) 490-18-5136	17. INFORMANT'S SIGNATURE OR NAME Paul Sparks, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High blood pressure			2 yrs
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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) Shelbina, Mo.

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 Feb 11 1954 to Feb 12 1954, that I last saw the deceased alive on Feb 11, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. Caldwell D.O.	23b. ADDRESS Shelbina, Mo.	23c. DATE SIGNED Feb. 13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-14-1954	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
		24d. LOCATION (City, town, or county) (State) Shelbina, Mo.

DATE REC'D BY LOCAL REG. 2-13-54	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Barkeley & Hawkins, Shelbina, 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *349*

P. O. Address *Shelby*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.