No. 300
10.48

850

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9685

State File No.

FILED MAR 24 1954

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Mo
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Mo 0850
d. STREET ADDRESS (If rural, give location): None

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

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 12, 1868
9. AGE (In years last birthday): 85
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Waynesville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jake H. Logan
13b. MOTHER'S MAIDEN NAME: Margaret Unknown
14. NAME OF HUSBAND OR WIFE: Barton Sparks

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: William P. Sparks
ADDRESS: Waynesville, 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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

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

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: 332 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1953, *to* March 17, 1954, *that I last saw the deceased alive on* March 15, 1954, *and that death occurred at* 2:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE: R.O. Diwitt DO (Degree or title)
23b. ADDRESS: Waynesville, Missouri
23c. DATE SIGNED: 3-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 18, 1954
24c. NAME OF CEMETERY OR CREMATORY: Mitchell Cemetery
24d. LOCATION (City, town, or county) (State): Waynesville, Missouri

DATE REC'D BY LOCAL REG.: 3-18-54
REGISTRAR'S SIGNATURE: Eula Mae Anderson 438
25. FUNERAL DIRECTOR'S SIGNATURE: Hedges Richland
ADDRESS: Hedges Funeral Home Waynesville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-18-54
Pulaski County Health Officer
File Number
Date Filed 3-30-54

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 Clarence Snow

Licensed Embalmer No. 6896

P. O. Address Waynesville, 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.