

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26189**

FILED SEP 10 1954

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

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5001</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farber		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dougherty's Clinic				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED a. (First) Miriam (Type or Print)			b. (Middle) Elizabeth		c. (Last) Sparks		4. DATE OF DEATH (Month) (Day) (Year) Sep 3, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 8, 1865		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 4 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of the life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Daniel Goodman			13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Kilby		14. NAME OF HUSBAND OR WIFE James Frank Sparks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leslie Crow, Farber, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypertension</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 days 15 yrs. 20 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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 <u>Aug 28</u> , 1954, to <u>Sept 3</u> , 1954, that I last saw the deceased alive on <u>Sept 3</u> , 1954, and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. R. Dougherty, M.D.</u>				23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>9/7/54</u>	
24a. BURIAL CREMATATION (Specify)		24b. DATE <u>Sep 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kilby Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pike County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9/8/54</u>		REGISTRAR'S SIGNATURE <u>Malcolm Dupont</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William D. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 William B. Matus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.