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

STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1955

State File No. 22645

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>3031</u>		Registrar's No. <u>34</u>					
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>DE SOTO</u>				c. LENGTH OF STAY (In this place) <u>YRS.</u>		c. CITY OR TOWN <u>De Soto</u>		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 <u>Elm &amp; Cedar</u>				STREET ADDRESS (If rural, give location) <u>Elm &amp; Cedar 0502</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u>			b. (Middle) <u>STEVE</u>		c. (Last) <u>SPARKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 17-1881</u>		9. AGE (In years last birthday) <u>74</u> If under 1 year: Months Days If under 2 hrs: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Potosi, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>ALEXANDER STEVE SPARKS</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE A. LUCAS</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Lock Sparks</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-03-1664</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LORRETTO CURTIS</u>			ADDRESS <u>De Soto, MO</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arterio Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>			
				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.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) (Min.)		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 _____, 19____, to _____, 19____, that I had seen the deceased alive on _____, 19____, and that death occurred at <u>9:10 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Carl E Rice M.D.</u>				23b. ADDRESS <u>Hillaboro MO</u>			23c. DATE SIGNED <u>7-8-55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD, CEMETERY</u>		24d. LOCATION (City, town, or county) <u>Richwood MO</u>		(State)			
DATE REC'D BY LOCAL REG. <u>7-9-55</u>		REGISTRAR'S SIGNATURE <u>Maxie Parula</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>MAHNN FUNERAL HOME</u> ADDRESS <u>De Soto, MO</u>						

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 13 1955

AUG 22 1955

JUL 13 1955

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 GERALD J. MAHR, Student Embalmer No. 50 working under my personal supervision..

Student Gerald J. Mahr  
Signature of Student Embalmer

Signed Daniel J. Mahr  
Licensed Embalmer No. 43

P. O. Address Re. J. T. a.

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: