

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22894

State File No. \_\_\_\_\_

FILED AUG 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>009</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>210</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hannibal</u> )		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Hannibal</u>		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 <u>Becky Thatcher Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>1914 Gordon St.</u> <u>06470</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELIA</u>			b. (Middle) _____			c. (Last) <u>SPARKS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1955</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Nov. 12, 1870</u>		9. AGE (In years last birthday) <u>84</u>		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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kingston, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jenkins McVey</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Stephens</u>			14. NAME OF HUSBAND OR WIFE <u>John H. Sparks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fern Wright, Oakwood, 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>Cerebral hemorrhage -</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) <u>331X</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 _____					
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) _____		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 _____, 1955, to <u>July 20, 1955</u> , that I last saw the deceased alive on <u>July 15, 1955</u> , and that death occurred at <u>12:30pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree & Title) _____				23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>July 22/55</u>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>burial</u>		24b. DATE <u>7/23/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 22-1955</u>		REGISTRAR'S SIGNATURE <u>N. E. M. Lucas</u>		189-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jack Schwart - Hannibal, Mo.</u>	

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

RECEIVED JUL 28 1955  
MARION CO. HEALTH DEPT  
DATE FILED JUL 28 1955

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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..... *Jack Schwartz*  
Licensed Embalmer No. *4909*  
P. O. Address *Harrisville*

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.