

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34875**

FILED NOV 9 - 1956

BIRTH NO. _____ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **4364** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella		c. LENGTH OF STAY (In this place) 3 days		c. CITY OR TOWN Cassville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital		e. STREET ADDRESS (If rural, give location) Flat Creek Township			
3. NAME OF DECEASED (Type or Print) Lena Viola Sparks		a. (First) Lena		b. (Middle) Viola	
c. (Last) Sparks		4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 23, 1894		9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months Days Hours Min. 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Garner		13b. MOTHER'S MAIDEN NAME Ellen Dell	
14. NAME OF HUSBAND/OR WIFE J. W. Sparks		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-10-9092	
17. INFORMANT'S SIGNATURE OR NAME J. W. Sparks, Cassville, Mo.		ADDRESS			

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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 Days	
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 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 (Month) (Day) (Year) (Hour) OF INJURY		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 **9-28-1956** to **10-1-1956**, that I last saw the deceased alive on **10-1-1956**, and that death occurred at **4:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. Caldwell M.D.		23b. ADDRESS Stella Mo.		23c. DATE SIGNED 11-3-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-3-1956		24c. NAME OF CEMETERY OR CREMATORY Sparks Cemetery	
				24d. LOCATION (City, town, or county) (State) Barry County Mo.	

DATE REC'D BY LOCAL REG. 11-3-1956		REGISTRAR'S SIGNATURE Alpha Dyer		25. FUNERAL DIRECTOR'S SIGNATURE Guiver Funeral Home	
				ADDRESS Cassville, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

690

RECEIVED

District Health Officer No. Newton
District File Number 1156-183
Date Filed NOV 18 1956

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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: Paul D. Henbest

Licensed Embalmer No. 45

P. O. Address Cassville

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.