

FILED JAN 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42114**

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>5699</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Avalon, Fairview Twp.</b>			c. LENGTH OF STAY (in this place) <b>45 years</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of Mrs Don Jagger</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Avalon, Missouri.</b>			
				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucy</b>			b. (Middle) <b>Ann</b>		c. (Last) <b>Sparrow,</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24th, 1956</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 3rd, 1868</b>		9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>21</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>K entucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Taylor</b>			13b. MOTHER'S MAIDEN NAME <b>Hanna Rebeca Worley</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Sparrow</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Jennie Jagger, Avalon, Missouri</b>			
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) <b>Bronchopneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive heart failure</b> <b>2 years</b> DUE TO (c) <b>Arteriosclerotic heart disease</b> <b>Unknown</b> 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 _____				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) <b>4200</b>			
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 <u>April</u> , 19 <u>53</u> , to <u>Dec 29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec 24</u> , 19 <u>56</u> , and that death occurred at <u>10:35 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>William L. Fair, M.D.</b> (Degree or title)				23b. ADDRESS <b>Chillicothe, Mo.</b>		23c. DATE SIGNED <b>12/26/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/26/1956</b>	24c. NAME OF CEMETERY OR CREMATORY, <b>Hale cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hale, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12/26/56</b>		REGISTRAR'S SIGNATURE <b>Frances B. Nail</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifford W. Austin Tina, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

171

**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 \_\_\_\_\_

*Clifford W. Austin*  
Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

**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.