

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3102  
STATE FILE NUMBER 416

FILED FEB 4 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Indiana</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Evansville</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		Length of stay in 1b <b>3 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>1204 Harriet</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Jane</b> Middle <b>Ann</b> Last <b>Sparrow</b>			4. DATE OF DEATH Month <b>1</b> Day <b>13</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 12, 1956</b>		9. AGE (In years last birthday) <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Evansville, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>George Sparrow</b>			14. MOTHER'S MAIDEN NAME <b>Irma Meyer</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mr. George Sparrow</b> Address <b>Evansville, Ind. 1204 Harriet</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Aspiration Pneumonia</b> <b>Transition</b> <b>3rd degree burn of scalp &amp; face</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b> <b>3 hrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>E 917.7 / 41</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>At Evansville hosp vaporizer for some</b> <b>unknown reason burned infant's scalp</b>			
20c. TIME OF INJURY Hour <b>33</b> Month <b>3</b> Day <b>33</b> Year <b>57</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital - Evansville, Ind.</b>			
21. I attended the deceased from Death occurred at <b>1/13/57 2<sup>nd</sup></b> m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION <b>Evansville Indiana</b>		20g. COUNTY <b>813</b> STATE	
22a. SIGNATURE <b>Jackson 670</b>		22b. ADDRESS <b>NO 634 NO name -</b>		22c. DATE SIGNED <b>1/14/57</b>	
23a. BURIAL/CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-11-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	
23d. LOCATION (City, town, or county) <b>Evansville, Indiana</b>		23e. (State)			
24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington,</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 15 '57</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300  
1-56  
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Stanley H. Dixon* .....  
Licensed Embalmer No. 419

P. O. Address *St. L.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.