

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035705

FILED VS OCT 16 1959

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett, Mo.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1717 Russell</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>D.</u> Last <u>Sparks</u>				4. DATE OF DEATH Month <u>9</u> Day <u>27</u> Year <u>1959</u>							
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-15-1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>				
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>Building</u>		11. BIRTHPLACE (City and state or country) <u>Mytre, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Marion Sparks</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Humes</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie Sparks</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-16-2952</u>		17. INFORMANT Address <u>Maudie Sparks - Kennett, Mo</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Arteriosclerosis</u> DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)							
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9/22/59</u> to <u>9/27/59</u> and last saw him alive on <u>9-27-59</u> Death occurred at <u>Approximately 7:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22. SIGNATURE (Degree or title) <u>Dr. J. J. Summers, M.D.</u>					22b. ADDRESS <u>Kennett Mo.</u>			22c. DATE SIGNED <u>10-3-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)					
<u>Burial</u>		<u>9-29-1959</u>	<u>Oak Ridge</u>			<u>Kennett Mo</u>					
24. FUNERAL DIRECTOR ADDRESS <u>McDaniel Funeral Soc. Kennett Mo</u>			25. DATE RECD. BY LOCAL REG. <u>10-5-1959</u>		26. REGISTRAR'S SIGNATURE <u>Paul Husband</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett,

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.