

FILED VS MAY 25 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-020132

Registration District No. 209 Primary Registration District No. 3043 STATE FILE NUMBER
Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal 0644		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth 2		Length of stay in 1b 3 wks		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Arch Sparrow				4. DATE OF DEATH Month Day Year May 16, 1960			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1884	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS Hours Min.	12. CITIZEN OF WHAT COUNTRY? U. S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry		10b. KIND OF BUSINESS OR INDUSTRY Packing House		11. BIRTHPLACE (City and state or country) Barry Ill /		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Henry Sparrow		13b. MOTHER'S MAIDEN NAME Katie Gorman		14. NAME OF HUSBAND OR WIFE Mrs. Bessie Sparrow			
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. 354-09-9889		17. INFORMANT Barry Meyer		Address Barry Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary embolism, acute						INTERVAL BETWEEN ONSET AND DEATH acute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) arteriosclerotic coronary disease 5 years	
DUE TO (c) diabetes 260X						10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 4-8-60 to 5-16-60 and last saw her alive on 5-16-60 Death occurred at 7:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Barry Meyer				22b. ADDRESS Hull, Illinois		22c. DATE SIGNED 5-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/18/1960	23c. NAME OF CEMETERY OR CREMATORY Park Lawn		23d. LOCATION (City, town, or county) (State) Barry Illinois		
24. FUNERAL DIRECTOR Shirley L. Lusk			25. DATE RECD. BY LOCAL REG. 5/18/60		26. REGISTRAR'S SIGNATURE St. E. M. Lucke by William M. Norman		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 Thomas N. Lock....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Thomas N. Lock.....

Licensed Embalmer No. 6982.....

P. O. Address Barry Illinois.....

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.