

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039042

FILED VS OCT 25 1960

210

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

74

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri		b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in lb 7 days		c. CITY OR TOWN Princeton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercer County Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) *****	

3. NAME OF DECEASED (Type or print) First Middle Last Grace Lenora Sparks			4. DATE OF DEATH Month Day Year 10 16 60			
--	--	--	---	--	--	--

5. SEX Female	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 7/29/1908	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HR Hours 17 Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Mercer County --Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	--	--

13a. FATHER'S NAME Dick Hunter	13b. MOTHER'S MAIDEN NAME Dorothy Ruth	14. NAME OF HUSBAND OR WIFE Calvin Sparks
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 49I-28-II69	17. INFORMANT Calvin Sparks--Princeton--Mo.	Address
--	---	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Uremia		1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Diabetes	6 yrs.
	DUE TO (c) Biliary obstruction & cirrhosis	6 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Month, Day, Year 10-16-60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 10-16-60 to -- and last saw her/him alive on 10-16-60	
Death occurred at 10:30 p.m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Douglas S. Pearce, D.O.	22b. ADDRESS Princeton, Mo.	22c. DATE SIGNED 10-21-60
--	---------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/19/1960	23c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery	23d. LOCATION (City, town, or county) (State) Princeton-Missouri
--	--------------------------------	---	--

24. FUNERAL DIRECTOR Martin & Azbell--Princeton--Mo.	25. DATE RECD. BY LOCAL REG. 10-21-60	26. REGISTRAR'S SIGNATURE [Signature]
--	---	---

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *L. M. Green*

Licensed Embalmer No. 5020

P. O. Address Princeton--Miss

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.