

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr. Turner

-61-005130

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 198

FILED VS MAR 8 1961

AMENDED

DATE AMENDED
4/4/61

INSTEAD OF
February 2, 1894

SHOULD READ
January 2, 1894

ITEM NO.
8

DOCUMENT
MEDICAL CERTIFICATION
Informant

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 67 YRS.	c. CITY OR TOWN SPRINGFIELD
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKE SHORE DRIVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) LAKE SHORE DRIVE
3. NAME OF DECEASED (Type or print) First BASIL Middle U. Last SPARLIN		4. DATE OF DEATH Month FEB? Day 23 Year 1961	
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 12/2/94
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE BROKER		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JOHN SPARLIN	
13b. MOTHER'S MAIDEN NAME CORNELIA BELT		14. NAME OF HUSBAND OR WIFE DOROTHY SPARLIN	
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. _____	
17. INFORMANT DOROTHY SPARLIN, SPRINGFIELD, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTEMOSCELROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 12 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 type="checkbox"/> N. <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 _____ a.m. _____ p.m. _____			
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 8/30/60 to 2/23/61 and last saw <u>per him</u> alive on 2/20/61 Death occurred at 7:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Glenn O. Turner, M.D.		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 2/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/25/61	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 2-28-61	26. REGISTRAR'S SIGNATURE Edwin Melton
SPRINGFIELD, MO.			

MAR 22 1961

MAR 16 1961

JUN

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 W L McCann

Licensed Embalmer No. 3727

P. O. Address Walden

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.