

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016114  
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 61

1. PLACE OF DEATH  
a. COUNTY Saline  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Length of stay in 1b 45 yrs  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp. Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  
a. STATE Missouri b. COUNTY Saline  
c. CITY OR TOWN Marshall Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 218 N Bell Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First ALMA Middle E. Last SPARKS  
4. DATE OF DEATH Month April Day 17 Year 1961  
5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 9-27-1889 9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bookkeeper 10b. KIND OF BUSINESS OR INDUSTRY Icecream Co. 11. BIRTHPLACE (City and state or country) Pearl, Ill. 12. CITIZEN OF WHAT COUNTRY USA  
13a. FATHER'S NAME Joseph Hathaway 13b. MOTHER'S MAIDEN NAME Laura Gorman 14. NAME OF HUSBAND OR WIFE W.A. Sparks  
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. X 17. INFORMANT W.A. Sparks Address 218 N Bell, Marshall

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Malignancy of Jovial  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertensive obstructive  
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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_  
20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
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 1950 to April 17-61 and last saw her alive on April 17-61.  
Death occurred at 12:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. R. Lawrence M.D. 22b. ADDRESS Marshall, Missouri 22c. DATE SIGNED 4-18-1961  
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-19-1961 23c. NAME OF CEMETERY OR CREMATORY RidgePark Cemetery 23d. LOCATION (City, town, or county) (State) Marshall, Missouri  
24. FUNERAL DIRECTOR Jack W. Reser ADDRESS Marshall, Mo 25. DATE RECD. BY LOCAL REG. 4-18-'61 26. REGISTRAR'S SIGNATURE Cecil G. Head

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Jack M. Reese

Licensed Embalmer No. 4643  
P. O. Address Marshall, Mo.

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.