MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014068
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 5068 Registrar's No. 31

FILED APR 30 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0060
2	0060
3	
4	0
5	1
6	
7	1
8	2
9	X
10	
11	006
12	91-3
13	2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Doylesport Twp — Length of stay in 1b: 5 minutes
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2 miles east of Irwin, Mo. Intersection Hiway V & Farm to Market Rd. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Milford — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First CLINTON Middle DALE Last SPARKS

4. DATE OF DEATH: Month April Day 22, Year 1962

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-10-1937
9. AGE (last birthday): 25 — 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): Trucker
10b. KIND OF BUSINESS OR INDUSTRY: Poultry & Feed Industry
11. BIRTHPLACE (City and state or country): Yankton, S. Dakota
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William C. Sparks
13b. MOTHER'S MAIDEN NAME: Pearl Ellen Sparks
14. NAME OF HUSBAND OR WIFE: Darlene Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. C. D. Sparks, Milford, 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): Brain Trauma — INTERVAL BETWEEN ONSET AND DEATH: 1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fracture of Skull
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Crush injuries — Internal injuries — Multiple contusions and Bruises
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.) Automobile - Truck accident
20c. TIME OF INJURY: Hour a.m. Approx 11:40 — Month, Day, Year 4/22/62
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 ____, to ____ and last saw her/him alive on ____
Death occurred at Approximately 11:40 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas Carroll M.D. CORONER, BARTON County Mo
22b. ADDRESS: 1204 Gulf Street LAMAR Missouri
22c. DATE SIGNED: 4/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-26-1962
23c. NAME OF CEMETERY OR CREMATORY: Moorehead Cemetery
23d. LOCATION (City, town, or county) (State): Barton County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Chiles Funeral Home, Lamar, Mo.
25. DATE RECD. BY LOCAL REG.: 4-26-1962
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1962

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 Clarence H. Chile

Licensed Embalmer No. 3473

P. O. Address Lamar 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.