

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002213

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 10

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300
Rev. 4/59

0505
8500

3
4 1
5 2
6
7 0
8 2

9331X

10
11
12 86-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFF.	
b. CITY (if outside corporate limits, give TOWNSHIP only) DESOTO		Length of stay in 1b 4 YRS.	c. CITY OR TOWN VICTORIA
c. FULL NAME OF (if NOT in hospital, give location) DESOTO REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) HYFIELD RD.
3. NAME OF DECEASED (Type or print) First Middle Last CLARA MELISSA SPARLING		4. DATE OF DEATH Month Day Year FEB. 4 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/7/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY *	9. AGE (last birthday) 82
13a. FATHER'S NAME HENRY SULLENS		13b. MOTHER'S MAIDEN NAME MARY JANE HELTERBRAND	11. BIRTHPLACE (City and state or country) RYNESVILLE Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infirmities of age		14. NAME OF HUSBAND OR WIFE ROBERT SPARLING	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		17. INFORMANT PEARL SULLENS, Rt. 1, DESOTO Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Hemorrhage (old Hemiplegia)		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 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 1960 to Feb. 4 1963 and last saw her alive on 1/18/63 Death occurred at 2/4/63 9:50am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thas B. Jellit M.D.		22b. ADDRESS De Soto Mo.	
22c. DATE SIGNED 2-4-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 5 1963	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.
24. FUNERAL DIRECTOR DIETRICH F. HOME, DESOTO Mo.		25. DATE RECD. BY LOCAL REG. Feb. 4-1963	26. REGISTRAR'S SIGNATURE Marie Farris

FEB 20 1963

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 Samuel B. DeWitt

Licensed Embalmer No. 4104

P. O. Address Delto 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.

Revised Form 2-4-63. M. S.