

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

76-063-044741
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 76

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY <u>Mercer</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton,</u> Length of stay in 1b <u>18 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Axtell Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u> c. CITY OR TOWN <u>Princeton,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED First Middle Last <u>NATHAN CHARLES SPARKS</u> (Type or print)			4. DATE OF DEATH Month Day Year <u>November 12, 1963.</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/12/1917</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Daily St. Joseph News</u>		11. BIRTHPLACE (City and state or country) <u>Princeton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Sparks</u>			13b. MOTHER'S MAIDEN NAME <u>Stella May Sparks.</u>			14. NAME OF HUSBAND OR WIFE <u>Georgia Sparks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW 2</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Georgia Sparks. Princeton, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremic Poisoning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Glomerulonephritis</u> 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"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>10 yrs.</u>
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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. Month, Day, Year _____		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 10-12-63 to 11-12-63 and last saw her/him alive on 11-11-63
 Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Douglas A. Pearce, M.D. 22b. ADDRESS Princeton, Mo. 22c. DATE SIGNED 11-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 14, 1963 23c. NAME OF CEMETERY OR CREMATORY Fairley Cemetery 23d. LOCATION (City, town, or county) (State) West of Princeton, Mo.

24. FUNERAL DIRECTOR ADDRESS Martin & Azbell Funeral Home Princeton, Mo. 25. DATE RECD. BY LOCAL REG. 11-14-63 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

VS 300 Rev. 4/59
 1 0650
 2 0650
 3 2
 4 0
 5 1
 6
 7 0
 8 2
 9 592x
 10
 11
 12 1-2
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

NOV 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 L. J. [Signature]
Licensed Embalmer No. 5020

P. O. Address Parmiter, 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.

None other 11-14-63 M.W.