

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-022590  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  AMENDED

REGISTRATION DISTRICT NO. 211965 Primary Registration District No. 4014 Registrar's No. 51

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Athcison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax</b>			Length of stay in 1b <b>10 days</b>		c. CITY OR TOWN <b>Tarkio</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fairfax Community Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Tarkio</b>	
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Harlin</b> Last <b>Sparks</b>				4. DATE OF DEATH Month <b>May</b> Day <b>23</b> Year <b>1965</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/24/1912</b>	9. AGE (last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>29</b>		IF UNDER 24 HR Hours <b>29</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>painter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Paint Contracting</b>		11. BIRTHPLACE (City and state or country) <b>Conception Jct. Mo. U.S.</b>		
13a. FATHER'S NAME <b>Michael Sparks</b>			13b. MOTHER'S MAIDEN NAME <b>Lillie Thomas</b>			14. NAME OF HUSBAND OR WIFE <b>Jaunita Sparks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>488-14-5053</b>		17. INFORMANT Address <b>Mrs. Jaunita Sparks Tarkio, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mitral Stenosis &amp; Pulmonary Hypertension 2 years</b>							INTERVAL BETWEEN ONSET AND DEATH
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 (e) <b>Phlebo-thrombosis, Rt Leg</b>							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
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 <b>5:55 p.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Tarkio</b> COUNTY STATE		
21. I attended the deceased from <b>August 1963</b> to <b>May 23, 1965</b> and last saw <sup>him</sup> alive on <b>May 23, 1965</b> Death occurred at <b>5:55 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Edmund G. Bane MD</b>				22b. ADDRESS <b>Tarkio, Mo.</b>		22c. DATE SIGNED <b>5/26/65</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>5/26/65</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>		23d. LOCATION (City, town, or county) <b>Tarkio</b> (State) <b>Mo.</b>		
24. FUNERAL DIRECTOR <b>Davis Funeral Home Tarkio, Mo.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>6-11-1965</b>		26. REGISTRAR'S SIGNATURE <b>Doris Wells - W. Schlachter</b>		

USE BLACK INK OR TYPEWRITER RIBBON

JUN 22 1965

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 Just A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.