

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23234  
Registrar's No. 2849

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2849	
1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Kansas</i> b. COUNTY <i>Riley</i>			
b. CITY OR TOWN <i>Kansas City, Mo</i>		c. LENGTH OF STAY (In this place) <i>7 days</i>		c. CITY OR TOWN <i>Manhattan</i>		<i>8150 X</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Mary's Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>827 Pountz Ave</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>SAMUEL</i>		b. (Middle) <i>Earl</i>		c. (Last) <i>SPARKS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7 2 51</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 22 1887</i>		9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Warehouse U.P.R.</i>		11. BIRTHPLACE (State or foreign country) <i>R. Pawnee City, Nebr.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George Sparks</i>			13b. MOTHER'S MAIDEN NAME <i>Martha Schultz</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Nettie Sparks</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Nettie Sparks, Manhattan, Ks.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma larynx</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Metastasis left cervical nodes 3 met.</i> DUE TO (c) <i>Multiple cerebral emboli due thrombosis left cerebral artery</i>				INTERVAL BETWEEN ONSET AND DEATH <i>17 yrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>1936 Carcinoma larynx</i> <i>1951 Metastatic carcinoma cervical glands</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6-15</i> , 19 <i>51</i> , to <i>7-2-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>7-2-51</i> , 19 <i>51</i> , and that death occurred at <i>5:15 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Graham Owens</i> (Degree or title)				23b. ADDRESS <i>906 Grand</i>		23c. DATE SIGNED <i>KCMo 7-2-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>July 2, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Manhattan, Kansas</i>	
DATE REC'D BY LOCAL REG. <i>7-5-51</i>		REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>R. A. Fulton</i>		ADDRESS <i>Kansas City, Ks.</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*P. G. Fulton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3505

P. O. Address Kans City 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 this body is not embalmed, fact should be so stated above.