

FILED MAR 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6309
967

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>		c. LENGTH OF STAY (In this place) <u>5 minutes</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland Park Kansas</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8008 Metcalf</u> 8150 X					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>O</u>		c. (Last) <u>Sparks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13, 1953</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 23, 1882</u>		9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>1</u>	11. YEARS <u>1</u>	12. HOURS <u>2</u>	13. MINUTES <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Sparks</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha A. Sparks (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James E. Sparks, Overland Park, Kansas.</u>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)									
ANTECEDENT CAUSES				DUE TO (b)					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>Cornary Arteriosclerosis</u>					
DUE TO (c)				DUE TO (d)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Bilateral Chronic Tuberculous Tuberculosis (gross)</u>				<u>4 1/2 IA</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Jack H. Hill</u> (Degree or title)				23b. ADDRESS <u>111 W. 2nd St., Wyandotte, Mo.</u>				23c. DATE SIGNED <u>14 Feb 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/16/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-14-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Brown</u>			ADDRESS <u>Independence, Mo.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold E. Woodard

Licensed Embalmer No. 4609

P. O. Address Jasper 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.