

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23998**

FILED AUG 10 1953

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>842</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>0117</b> <b>0</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>718 Hamburg Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>718 Hamburg Ave.</b>		
3. NAME OF DECEASED (Type or Print) <b>CHARLES</b>		a. (First) <b>SANFORD</b>	b. (Middle) <b>SPARKS</b>	c. (Last) <b>SPARKS</b>
4. DATE OF DEATH <b>July 29 1953</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	8. DATE OF BIRTH <b>Aug. 25, 1877</b>	9. AGE (In years last birthday) <b>75</b> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>(Ret) Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Ice Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph Missouri</b> <b>0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Sanford Sparks</b>		
13b. MOTHER'S MAIDEN NAME <b>Frances Hertz</b>		14. NAME OF HUSBAND OR WIFE <b>Lena May Sparks</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gregg B. Sparks</b> ADDRESS <b>St. Joseph Missouri</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Epidermoid Carcinoma of Esophagus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Pulmonary Metastases of lung</b>		<b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>6/1</b> , 19 <b>53</b> , to <b>7/29</b> , 19 <b>53</b> that I last saw the deceased alive on <b>7/28</b> , 19 <b>53</b> , and that death occurred at <b>8:30 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>H. F. Mendeny M.D.</b> (Degree or title)		23b. ADDRESS <b>2801 Sacramento St. Joseph, Mo.</b>		23c. DATE SIGNED <b>7/31/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/31/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Aug 3, 1953</b>	REGISTRAR'S SIGNATURE <b>485</b> <b>Leathan M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stoney Funeral Home</b> ADDRESS <b>St. Joseph Mo.</b>	

(I, deceased Embalmer's Statement on Reverse Side)

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.