

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32876

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Mo</u>		c. LENGTH OF STAY (in this place) <u>Most Life</u>		c. CITY OR TOWN <u>Grant City Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>Front Street</u>		<u>1120</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Albert</u>		b. (Middle) <u>Montgomery</u>		c. (Last) <u>Sparks</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Widowed</u> , DIVORCED (Specify)		8. DATE OF BIRTH <u>Aug 27 - 1881</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paint Store mgr</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Paint Retailer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grant City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Palmer Sparks</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Harding</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Sparks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>383-03-4583</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bill Sparks</u>			
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) <u>Metastatic Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERNAL BETWEEN ONSET AND DEATH <u>5yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177 X</u>				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) (Min.)		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 <u>Sept 25</u> , 19 <u>54</u> , to <u>Sept 25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 25</u> , 19 <u>54</u> , and that death occurred at <u>7</u> a <u>m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Harrison</u>				23b. ADDRESS <u>Grant City, MO</u>		23c. DATE SIGNED <u>9-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 28 - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-9-1954</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1936 8 2 150

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 John Andrews, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 42

P. O. Address Grant Co

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.