

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1959

59-021836

Registration District No. 46 Primary Registration District No. 3026 Registrar's No. 285 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		Length of stay in 1b 50 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Indep. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9805 Bannister		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First EARL Middle JOHN Last HENRY SPARKS				4. DATE OF DEATH Month June Day 21, Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-3-1888		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auto Mechanic and Salesman				10b. KIND OF BUSINESS OR INDUSTRY Wakeney, Kansas		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Edwin E. Sparks				13b. MOTHER'S MAIDEN NAME Anna Richardson				14. NAME OF HUSBAND OR WIFE Nola M. Sparks					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no				16. SOCIAL SECURITY NO. 495-03-4943		17. INFORMANT Address Nola M. Sparks, 9805 Bannister Rd., K.C. Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> <u>Coronary atherosclerosis</u> <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Rectal carcinoma - glandular metastases</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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										INTERVAL BETWEEN ONSET AND DEATH 6/21/59			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <u>Jan 1951</u> to <u>June 21, 1959</u> and last saw <u>him</u> alive on <u>June 21, 1959</u> Death occurred at <u>940 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Chas. Crabsky, M.D.</u> (Degree or title)						22b. ADDRESS <u>Independence, Mo.</u>			22c. DATE SIGNED <u>6/22/59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-24-59		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery			23d. LOCATION (City, town, or county) Kansas City, Missouri			(State)			
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 6-24-59		26. REGISTRAR'S SIGNATURE <u>James H. ...</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 1959

Jackson

Missouri

Jackson

xx

Kansas City

50 yrs.

Independence

xx

2802 Bannister

xx

J.O.A. Hosp. Hosp.

1959

21

June

HENRY STARKS

JOHN

EARL

xx

VI

3-3-1888

White

Male

U.S.A.

Wakeney, Kansas

Recorded Auto Mechanic and Salesman

Nola M. Sparks

Anna Richardson

Edwin E. Sparks

2802 Bannister Rd., K.C.Mo.

492-03-4943

no

no

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond E. ...

Licensed Embalmer No. 4268

P. O. Address *Independence*

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.

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