

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009625

FILED VS MAR 10 1960 360

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 45 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada	Length of stay in 1b 15 years	c. CITY OR TOWN Nevada	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 North Oak Street

3. NAME OF DECEASED (Type or print) First Middle Last ROY FRANCIS SPARKS			4. DATE OF DEATH Month Day Year February 17 1960		
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-23-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY W.F. Norman Sheet Metal	11. BIRTHPLACE (City and state or country) Dodge City Kansas	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Francis Oliver Sparks		13b. MOTHER'S MAIDEN NAME Frances Pro		14. NAME OF HUSBAND OR WIFE Mary Sparks	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 541-16-4267	17. INFORMANT Mrs. Mary Sparks	Address 304 North Oak, Nevada, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Vascular Accident		1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension, severe		2 1/2 weeks
DUE TO (c) Generalized arteriosclerosis		Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive heart failure, uremia and virus pneumonia		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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year p.m.	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 Nevada, Missouri	20g. COUNTY	20h. STATE

21. I attended the deceased from **Oct. 30, 1954** to **Feb. 17, 1960** and last saw him ~~live~~ **live** on **Feb. 17, 1960**
Death occurred at **Nevada, Mo.** **9:45 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L.P. McCann</i> L.P. McCann, M.D.	22b. ADDRESS Moore Bldg., Nevada, Missouri	22c. DATE SIGNED 2/23/1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE February 20 1960	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) (State) Nevada Missouri
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24. FUNERAL DIRECTOR Ferry Funeral Home	ADDRESS Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 2-1-1960	26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 15 1960

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 *L. Douglas Terry*

Licensed Embalmer No. 4960

P. O. Address Nevada, TN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.