

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023409

FILED VS JUL 5 1960 149

Registration District No. 1002 Primary Registration District No. Registrar's No.

3292

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived.) a. STATE Missouri COUNTY Jackson (Institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		Length of stay in lb 6 days		c. CITY OR TOWN Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8111 Raytown Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Arthur Sparks				4. DATE OF DEATH Month June Day 19 Year 1960					
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 May 11, 1881			
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HR Hours 0 Min. 0					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect			10b. KIND OF BUSINESS OR INDUSTRY M. K. & T. Railroad		11. BIRTHPLACE (City and state or country) Monroe Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Hugh Sparks			13b. MOTHER'S MAIDEN NAME (Unknown) Bebee			14. NAME OF HUSBAND OR WIFE Julia 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. Unknown		17. INFORMANT Hays Funeral Home, Shelbina, 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) Bronchial pneumonia							INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary edema							1 week		
DUE TO (c) Uremia - chronic glomerular nephritis							6 months		
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			
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 6 a.m. 0 p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 21 April 1960 to 19 June 60 and last saw him alive on 18 April 1960 Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Jack M. Davis M.D. (Degree or title)				22b. ADDRESS Raytown, Mo.				22c. DATE SIGNED 20 June 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-20-60		23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) Shelbina, Missouri		(State)	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 6-21-60		26. REGISTRAR'S SIGNATURE Irene Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JACK M. DAVIS

VS JUL 5 - 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

William M. Jones

Licensed Embalmer No. 464

P. O. Address Lamar City

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.