

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22873

876

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 876

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph (Route 5)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph (Route 5)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 5, Mansfield Road		d. STREET ADDRESS (If rural, give location) Route 5, Mansfield Road	

3. NAME OF DECEASED (Type or Print)	a. (First) ANAH	b. (Middle) LEE	c. (Last) SPARKS	4. DATE OF DEATH (Month) (Day) (Year) July 28, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 30, 1886	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 28	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Clay County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Alex Ratliff	13b. MOTHER'S MAIDEN NAME Maggie Livingstone	14. NAME OF HUSBAND OR WIFE Duncan Sparks
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert Graham, Route 5.	ADDRESS Route 5.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis mild Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from January, 1940, to 7-28, 1950, that I last saw the deceased two or three weeks, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE B. Grant M.D.	(Degree or title)	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 7.29.50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 31, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Aug. 5, 1950	REGISTRAR'S SIGNATURE H. L. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Case a Clark	ADDRESS 120 111. A V.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#6-1-7

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.

Signed..... *Earl A. Clark*

Signed.....
Student Embalmer

Licensed Embalmer No. *4238*

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.