

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15619

2025

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Clay	
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 4 da		c. CITY OR TOWN Ashland		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 Research				e. STREET ADDRESS (If rural, give location) none				6001	
3. NAME OF DECEASED (Type or Print) RALPH			a. (First)		b. (Middle)		c. (Last) SPARKS		
4. DATE OF DEATH		May 9 - 55		5. SEX male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar 15 - 1904		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		10b. KIND OF BUSINESS OR INDUSTRY Land		11. BIRTHPLACE (City and State or Foreign Country) Clay Co. Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Marvin Sparks			13b. MOTHER'S MAIDEN NAME Bob Lee Ingram			14. NAME OF HUSBAND OR WIFE Alta Marie Sparks			
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alta M. Sparks, Ashland Mo.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction, posterior and septal wall DUE TO (c) Coronary atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobular pneumonia, bilateral					INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 Nov. 1954, to May 9, 1955, that I last saw the deceased alive on May 8, 1955, and that death occurred at 2:00 am., from the causes and on the date stated above.									
23a. SIGNATURE Glenn W. Hendren (Degree or title) MD				23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 5/9/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 9 - 55		24c. NAME OF CEMETERY OR CREMATORY Barry		24d. LOCATION (City, town, or county) (State) Barry Mo			
DATE REC'D BY LOCAL REG. 5-9-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Plummer, Brown Liberty Mo.			

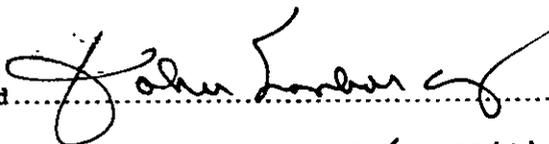
(Licensed Embalmer's Statement on Reverse Side)

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

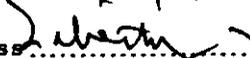
STATEMENT BY LICENSED EMBALMER

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..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 444.....

P. O. Address 

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.