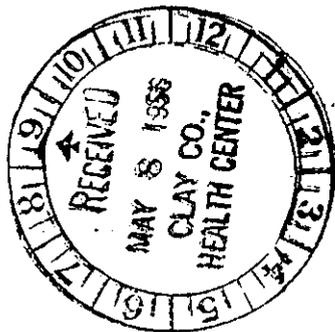


THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12671**

FILED MAY 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Ellsworth</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN <u>Ellsworth</u>		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 <u>Veterans Administration Hospital Excelsior Springs, Missouri</u>				STREET ADDRESS (If rural, give location) <u>815<sup>th</sup> St</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>A</u> c. (Last) <u>SPARKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18 1956</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 12, 1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Control Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Air Craft</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ellsworth, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Reuben G. Sparks</u>		13b. MOTHER'S MAIDEN NAME <u>Nora J. Keating</u>		14. NAME OF HUSBAND OR WIFE <u>Martha D. Sparks</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>442074255</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hospital records</u>					
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 <u>Unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery thrombosis</u>				DUE TO (b) <u>Coronary atherosclerosis</u>					
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <u>Atherosclerosis - general</u> <u>Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis, pulmonary, fibroid</u>								<u>Unknown</u>	
19a. DATE OF OPERATION <u>- -</u>		19b. MAJOR FINDINGS OF OPERATION <u>- -</u>				20. AUTOPSY? <u>4201A</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>- -</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>- -</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>- -</u>		21f. HOW DID INJURY OCCUR? <u>815<sup>th</sup> St</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>- -</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>April 10, 1956</u> , to <u>April 18, 1956</u> , and that death occurred at <u>8:50 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. J. MANTELL, M.D. Pathologist</u> (Degree or title) <u>Acting</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>4-19-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ellsworth</u>		24d. LOCATION (City, town, or county) (State) <u>Ellsworth, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>4/20/56</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>		25. FUNERAL HOME, ADDRESS <u>Richard Funeral Home, Inc. Excelsior Springs, Missouri</u>					

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



MAY 14 1956

MAY 14 1957

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 *Lindell Jarman*

Licensed Embalmer No. *45*  
*Excelsior Springs*  
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.