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Frank Paul Laurenzana
use only black ink or ribbon type write if possible
MEDICAL CERTIFICATION
All deaths in Part must be county verified.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28369

STATE FILE NUMBER

FILED AUG 30 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3795

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3200 WARBEDGE		Length of stay in lb 50 YRS.	d. STREET ADDRESS (If outside, give location) 2514 PERRY AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last IRA HENDRICK SPARKS			4. DATE OF DEATH Month Day Year August 9, 1957
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 8 18 75
9. AGE (In years) 88		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - SALES MAN		10b. KIND OF BUSINESS OR INDUSTRY AMERICAN OPTICAL Co.	11. BIRTHPLACE (City and state or country) NICHOLASVILLE, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME THOMAS T. SPARKS	13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE Mrs. CHARLOTTE 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. 499-14-4446A
17. INFORMANT Address JAMES OTIS LEAVITT 2514 PERRY AVENUE KANSAS CITY, 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) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	
INTERVAL BETWEEN ONSET AND DEATH 6 yrs 6 yrs 4500		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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from 1-1-57 to 8-9-57 and last saw her alive on 8-9-57 Death occurred at 5:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Laurenzana M.D.		(Degree or title) M.D.	22b. ADDRESS 428 South Wholenave
22c. DATE SIGNED 8-9-57		23a. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
23b. DATE Aug-13-1957		23c. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		Address 1331 BRUSH CREEK Blvd K.C., Mo.	25. DATE RECD. BY LOCAL REG. 8-13-57
26. REGISTRAR'S SIGNATURE Irene Minshall			



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 *Vern Lawler*

Licensed Embalmer No. *4912*
P. O. Address *47 S 32nd*

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.