

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022089

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2833

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Trinity Lutheran 22 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>734 E 45th</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Alta Marie Sparks</i>		4. DATE OF DEATH Month Day Year <i>June 2 1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 28, 1913</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9b. BIRTHPLACE (City and state or country) <i>Chandler, Mo</i>	
10a. FATHER'S NAME <i>Fred R. Carrel</i>		10b. MOTHER'S MAIDEN NAME <i>Eva L. Hicks</i>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>Fred R. Carrel</i>		14. NAME OF HUSBAND OR WIFE <i>Ralph A Sparks</i>	
15. SOCIAL SECURITY NO. <i>376-26-7215</i>		17. INFORMANT <i>Mrs. Eva Carrel</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Dissecting aneurysm thoracic aorta</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerosis thoracic aorta</i> DUE TO (c) <i>451</i>			INTERVAL BETWEEN ONSET AND DEATH <i>56 days</i> <i>unknown</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Surgery for repair of aneurysm on 6/2/58 by Dr Benoit</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <i>4/7/58</i> to <i>6/2/58</i> and last saw her alive on <i>6/2/58</i> Death occurred at <i>1:35 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>G. Comer Bates, M.R.</i>		22b. ADDRESS <i>329 Annour Road north Hannos City 16, Mo.</i>	
22c. DATE SIGNED <i>6/3/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		23b. DATE <i>June 4-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Barry Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Barry, Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>D. W. Newman's Sons NKE</i>		25. DATE RECD. BY LOCAL REG. <i>6-4-58</i>	
		26. REGISTRAR'S SIGNATURE <i>Reva Mindell</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

G. Comer Bates

All diseases in Part I must be causally related.

NO symptoms with 08 minutes



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 Glenn H. Rice _____

Licensed Embalmer No. 45-86

P. O. Address K.C. 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.