

The Irvine Times - December 15, 1950

## **BEN H. SPARKS, 61, IS TAKEN BY DEATH**

**Oil Driller Suffers Heart  
Attack At South Irvine  
Residence Sunday  
Morning**

### **FUNERAL RITES HELD TUESDAY AFTERNOON**

Ben H. Sparks, 61, oil driller, died at his home in South Irvine Sunday morning at 2:30 o'clock as the result of a heart attack. He was a member of the South Irvine Christian Church.

Surviving him are his wife, Mrs. Sarah Catherine Durbin Sparks; three daughters, Mrs. Otis Jarnigan and Mrs. Lawrence Rose, of Dayton, Ohio, and Mrs. Frank Ab-shear, of Irvine; three sons, Lonzel and Local Sparks, of Dayton, Ohio, and Arlie Sparks, of Lockland, Ohio; two sisters, Mrs. Addie Sparks and Mrs. Rachel Cornelius, of South Irvine.

Funeral services were held Tuesday at 2:00 P. M. at the South Irvine Christian church by the pastor, Rev. R. C. Flynn. Burial was in the South Irvine cemetery. Pallbearers were: Herman Ingram, Hade Durbin, Carlisle Durbin, Arnold Fox, Victor Muncie and A. W. Kirby.

Sparks, Benjamin Harrison 1889 - 1950

Form V. R. 1-A  
**FEDERAL SECURITY AGENCY**  
**U. S. PUBLIC HEALTH SERVICE**  
**NATIONAL OFFICE VITAL STATISTICS**

**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

On Marston  
**FILE NO. 116 50 24664**  
**REGISTRAR'S NO. 100**

Registration District No. 445 Primary Registration District No. 5121

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Estill</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived if institution; residence before institution) a. STATE <u>Ky</u> b. COUNTY <u>Estill</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>South Irvine</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>South Irvine</u>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or institution) <u>Dr. Moore</u>		d. STREET ADDRESS (If rural, give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Benny</u> b. (Middle) <u>Laurison</u> c. (Last) <u>Sparks</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12 10 1950</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OF HAIR</b> <u>Bl</u>	<b>7. MARRIED, NEVER MARRIED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>3/13/1889</u>
<b>9. AGE</b> (In years last birthday) <u>61</u>	<b>10. BIRTHPLACE</b> (State or foreign country) <u>Ky</u>	<b>11. CITIZENSHIP</b> <u>U.S.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work or business, even if temporary)		<b>10b. KIND OR BUSINESS OR INDUSTRY</b>	
<u>Auto repair</u>		<u>Oil fields</u>	
<b>13. FATHER'S NAME</b> <u>Lewis Sparks</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Dianah Ingram</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (If yes, give war or dates of service) <u>405-14-0696</u>		<b>16. SOCIAL SECURITY</b> <u>405-14-0696</u>	
<b>17. INFORMANT</b> <u>Zeke Sparks</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial infarction</u>			
<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 days</u>			
<b>II. ANTECEDENT CAUSES</b>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
<b>III. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4251-081-17</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office, etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Dec. 6, 1950</u> to <u>Dec. 10, 1950</u>, that I last saw the deceased alive on <u>Dec. 10, 1950</u>, and that death occurred at <u>2:30 AM</u> from the causes and on the date stated above.</b>			
<b>23a. DATE SIGNED</b> <u>1/1/51</u>		<b>23b. ADDRESS</b> <u>Irvine, Ky.</u>	
<b>23c. SIGNATURE</b> <u>Dr. Moore</u>		<b>23d. SIGNATURE</b> <u>Dr. Moore</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>12/12/1950</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>South Irvine</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Estill County Ky</u>	
<b>25a. DATE REC'D BY LOCAL REG.</b> <u>12-27-50</u>		<b>25b. REGISTRAR'S SIGNATURE</b> <u>Argueson [Signature]</u>	
<b>25c. FUNERAL DIRECTOR'S NAME</b> <u>W. E. Lewis Irvine - Ky</u>		<b>25d. FUNERAL DIRECTOR'S ADDRESS</b>	