

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0013456

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 336 Primary Registration District No. 6131 Registrar's No. 0013456 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

MR FILED 23 64

VS 300  
Rev. 4/59

101

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Derecota</u>		Length of stay in 1b	c. CITY OR TOWN <u>Derecota</u>
c. FULL NAME OF (if NOT in hospital, give location) <u>None</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Sharp</u> Last <u>Sharp</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>26</u> Year <u>1964</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-21-1901</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Indiana</u>
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James O. Sharp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>James O. Sharp, Derecota, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIO SCLEROTIC HEART DISEASE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 YEARS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 <u>1-8-63</u> to <u>2-26-64</u> and last saw her alive on <u>2-25-64</u> Death occurred at <u>3:00 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. J. J. [Signature]</u> M.D.		22b. ADDRESS <u>[Address]</u>	
22c. DATE SIGNED <u>2-3-64</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-29-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Christophe, Illinois</u>	
24. FUNERAL DIRECTOR <u>L. J. Evans Houston Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-20-1964</u>	
26. REGISTRAR'S SIGNATURE <u>Model Pece</u>			

USE BLACK INK OR TYPEWRITER RIBBON

08/10/10

AD 8509 11 1988

**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 Robert H. Bates III  
Licensed Embalmer No. 5239

P. O. Address Houston, 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.