

No. 300
10.48

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2692

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Cedar County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Cedar	
b. CITY OR TOWN Eldorado Spgs. Mo		c. CITY OR TOWN Eldorado Spgs. Mo	
c. LENGTH OF STAY (In this place) 9 yrs		d. STREET ADDRESS (If rural, give location) 204 N. Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 N. Grand			

3. NAME OF DECEASED (Type or Print) John Wesley Sharp	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MAR 27, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 24 1870	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY General Store	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZENRY OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Sharp	13b. MOTHER'S MAIDEN NAME Sarah Jane Hughes	14. NAME OF HUSBAND OR WIFE Gollie M. Sharp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Earl Sharp	ADDRESS K.C. Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3317	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 23 Mar, 1949, to 27 Mar, 1949 that I last saw the deceased alive on 27 Mar, 1949, and that death occurred at 8:35 P. M., from the causes and on the date stated above.

23a. SIGNATURE John J. Will, M.D.	(Degree or title)	23b. ADDRESS Eldorado Springs	23c. DATE SIGNED 28 Mar 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Schell City, Missouri
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DATE REC'D BY LOCAL REG. MARCH 28, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Harwood Mo
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(Licensed Embalmer's Signature on Reverse Side)

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

MAR 8 1950

RECEIVED

District Health Officer No.

District File Number 3-49-37

Date Filed 4-12-49

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
Student Embalmer

Signed O. W. Waggoner

Licensed Embalmer No. 2709

P. O. Address Hawwood, 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 this body is not embalmed, fact should be so stated above.