V.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1016

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5470 Registrar's No. 1

0400

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

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galt (Rural)
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Myers Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galt Rural 0400
d. STREET ADDRESS (If rural, give location): Myers Twp. 0

3. NAME OF DECEASED (Type or Print)
a. (First): NOEL
b. (Middle): FRED
c. (Last): SHARP

4. DATE OF DEATH (Month) (Day) (Year): 1 - 14 1952

5. SEX: M. 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug 15 1904
9. AGE (In years last birthday): 47 — If under 1 year: Months 4, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Farmer.
11. BIRTHPLACE (State or foreign country): Sullivan Co. Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: R. M. Sharp.
13b. MOTHER'S MAIDEN NAME: Nancy J. Foster
14. NAME OF HUSBAND OR WIFE: Mrs Mary A. Sharp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mary Ann Sharp — ADDRESS: Galt Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accident. Broken back — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs

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. ? 040

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E9021 3
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on home farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-22-49 m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from wagon

22. *I hereby certify that I attended the deceased from* 6-1-, 1950, *to* 1-14-, 1952, *that I last saw the deceased alive on* 1-11-, 1952, *and that death occurred at* 3:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): U. C. Weston M.D.
23b. ADDRESS: Galt, Mo
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 1-17-52
24c. NAME OF CEMETERY OR CREMATORY: Union Grove Cem.
24d. LOCATION (City, town, or county) (State): Osgood Mo.

DATE REC'D BY LOCAL REG.: 1/18/52
REGISTRAR'S SIGNATURE: Mrs. Nathan Cooper 115
25. FUNERAL DIRECTOR'S SIGNATURE: P. K. Payne Son — ADDRESS: Galt Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed P. K. Payne Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 3400

P. O. Address Galt

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.