

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13870

State File No.

0850
0
MAY 1 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>41</u>				
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon</u>			<u>1852</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>D</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hershel</u>			b. (Middle) <u>Dean</u>		c. (Last) <u>Sharp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>5</u> <u>52</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>		8. DATE OF BIRTH <u>6/29/1946</u>		9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 1 YEAR Hours <u>6</u>	IF UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Roy Sharp</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Sneed</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Sharp, Dixon, Missouri</u>					ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</u> DUE TO (b) <u>mesenteric thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____						
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? _____						
22. I hereby certify that I attended the deceased from <u>3/28</u> , 19 <u>52</u> to <u>4/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/5</u> , 19 <u>52</u> , and that death occurred at <u>1:45 P. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Wagon, Mo.</u>			23c. DATE SIGNED <u>19-April-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/8/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dixon</u>		24d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>4-19-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 458			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>					

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

RECEIVED 4-19-52
Missouri Health Officer
Date Filed 4-26-52
Number

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.....

Apr. 5 - 1952

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Fred H. Gilman*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, Missouri*

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.