

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23931**

0242
BIRTH NO. **0242** **0**
JUN 29 1952

REG. DIST. NO. **71**

PRIMARY REG. DIST. NO. **3012** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Excelsior Springs	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Rural - Richmond Township 18913	
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital		d. STREET ADDRESS (If rural, give location) 5 miles SW of Richmond	

3. NAME OF DECEASED (Type or Print) MILFORD H. SHARP			4. DATE OF DEATH June 24, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 14, 1885		9. AGE (in years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired miner & barber	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Camden, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Milford C. Sharp		13b. MOTHER'S MAIDEN NAME Lucretia Christy		14. NAME OF HUSBAND OR WIFE Bessie E. Parr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bessie M. Hicks ADDRESS Richmond, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Chronic Hypertension? DUE TO (c) Nephritis		INTERVAL BETWEEN ONSET AND DEATH 3	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

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 **June 19 1952** to **June 24 1952** that I last saw the deceased alive on **June 23 1952** and that death occurred at **7 A** m., from the causes and on the date stated above.

23a. SIGNATURE B. B. Sharp M.D. (Degree or title)		23b. ADDRESS Richmond No 6-2552		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 26, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	
		24d. LOCATION (City, town, or county) (State) Richmond, Mo.			

DATE REC'D BY LOCAL REG. 7/20/52		REGISTRAR'S SIGNATURE Baroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE Thurman Funeral Home ADDRESS Richmond, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, ~~2006~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Tom. A. Thurman.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.