No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27326

FILED AUG 21 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 300 Registrar's No. 277

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1003
d. STREET ADDRESS (If rural, give location): 113 West Trotter

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): A.
c. (Last): Sharp

4. DATE OF DEATH (Month) (Day) (Year): Aug 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug 26, 1887
9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months 11 Days 9 | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Clarkton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown.
14. NAME OF HUSBAND OR WIFE: Mrs Pleas Malcolm.

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

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of right lung — INTERVAL BETWEEN ONSET AND DEATH: 7-8-52

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 163 X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 8, 19 52, *to* August 5, 19 52 *that I last saw the deceased alive on* August 5th 19 52 *and that death occurred at* 10:12 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Henderson M D
23b. ADDRESS: Poplar Bluff, Missouri
23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Stanfield
24d. LOCATION (City, town, or county) (State): Clarkton Mo

DATE REC'D BY LOCAL REG.: 8-11-52
REGISTRAR'S SIGNATURE: Wm. H. Johnson
25. FUNERAL DIRECTOR'S SIGNATURE: Virlie Taylor **ADDRESS**: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 19 1952
BUTLER CO. HEALTH CENTER
FILE No. 852-422

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 J. E. Miller
Licensed Embalmer No. 4695
P. O. Address E. Prairie 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.