

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. GOS\*

9482

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>244</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> c. LENGTH OF STAY (in this place) <u>1 DAY</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN HOSP.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Howell</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT. VIEW</u> d. STREET ADDRESS (If rural, give location) <u>1460</u>			
3. NAME OF DECEASED a. (First) <u>JOE</u> b. (Middle) _____ c. (Last) <u>SHARP</u>			4. DATE OF DEATH (Month) <u>MARCH</u> (Day) <u>8</u> (Year) <u>1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>AUG. 7, 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HOLT CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ELBERT B. SGARP</u>		13b. MOTHER'S MAIDEN NAME <u>CORA MAY COLDER</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>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EARL SHARP</u> ADDRESS <u>MT. VIEW, MO.</u>			
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>Encephalitis, etiology unknown,</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>pending autopsy results.</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>343 X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>19</u> to <u>March 8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 8</u> , 19 <u>53</u> , and that death occurred at <u>1:05P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alon J. Goss M.D.</u>				23b. ADDRESS <u>Professional Bldg., Springfield Mo</u>		23c. DATE SIGNED <u>5-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT VIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MT. VIEW, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3/9/53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u> Deputy Registrar		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. LOHMEYER</u> ADDRESS <u>SPRINGFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10396  
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**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 AK Mc Carr

Licensed Embalmer No. 2727

P. O. Address Springfield 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.