

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17026

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4041 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY BOLLINGER 0090			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY BOLLINGER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LORANCE TWP. LIFETIME		c. LENGTH OF STAY (in this place) LIFETIME	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LORANCE TWP.		0090
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR GLEN ALLEN			d. STREET ADDRESS (If rural, give location) NEAR GLEN ALLEN		

3. NAME OF DECEASED (Type or Print) a. (First) CLISTA b. (Middle) ANN c. (Last) SHARP		4. DATE OF DEATH (Month) (Day) (Year) 5-30-53	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-8-1869
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 8 Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.F.		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) I.L.L.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME J. P. WILLIAMS	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DECEASED
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME HOMER SHARP	ADDRESS GLEN ALLEN, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis		6 days
	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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct. 15, 1951**, to **May 30, 1953**, that I last saw the deceased alive on **May 29, 1953**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eveline L. Price, M.D.	23b. ADDRESS 2002 Lutesville, Mo.	23c. DATE SIGNED 6-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-2-53	24c. NAME OF CEMETERY OR CREMATORY GLEN ALLEN	24d. LOCATION (City, town, or county) (State) GLEN ALLEN, MO.
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DATE REC'D BY LOCAL REG. 6-3-53	REGISTRAR'S SIGNATURE Nileen Danleburgh	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME, LUTESVILLE, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Wn. Price

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. Graham.....

Licensed Embalmer No. 4010.....

P. O. Address Lutesville, 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.