

STANDARD CERTIFICATE OF DEATH

 State File No. **28181**

 BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5364** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles North Gallatin		d. STREET ADDRESS (If rural, give location) 4 Miles North Gallatin	

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Ellen c. (Last) Sharp			4. DATE OF DEATH (Month) (Day) (Year) August 14 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 19 1879	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Daviess County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Lehman		13b. MOTHER'S MAIDEN NAME Susan Wade		14. NAME OF HUSBAND OR WIFE Galen S. Sharp (Dec'd)	
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 Miss Nellie Sharp, Gallatin, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlargement of heart, Cancer of breast & kidney. Edema of lungs.		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 170X				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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from **June 1, 1953**, to **Aug 14, 1953**, that I last saw the deceased alive on **Aug 14, 1953**, and that death occurred at **12:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>R. Bailey</i> (Doctor or title)		23b. ADDRESS Gallatin Mo		23c. DATE SIGNED 8-18-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-17-1953		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		24d. LOCATION (City, town, or county) (State) Gallatin, Missouri	
DATE REC'D BY LOCAL REG. 19 Aug 53		REGISTRAR'S SIGNATURE <i>Virginia M. Engelhart</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>L.O. Richardson</i>		ADDRESS Hope Funeral Home, Gallatin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

310 / 1

MAR 15 1962
VS MAR

MAR 14 1962

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

L. O. Richerson

Licensed Embalmer No.

3307

P. O. Address

Baltimore, Md

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.