

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29089

State File No.

FILED AUG 26 1953 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 120

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Mineral		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tulsa	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS W. 1st St. S.W.A.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northwest of Webb City		8350 8	
3. NAME OF DECEASED (Type or Print) a. (First) GOLDA b. (Middle) MAE c. (Last) SHARP			4. DATE OF DEATH (Month) (Day) (Year) August 16, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1905
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months 1 Days 9	IF UNDER 24 hrs. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Mims	
13b. MOTHER'S MAIDEN NAME Hellen M. Rogers		14. NAME OF HUSBAND OR WIFE H.J. Sharp	
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.	
17. INFORMANT'S SIGNATURE OR NAME H.J. Sharp		ADDRESS Tulsa, Okla.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis INTERVAL BETWEEN ONSET AND DEATH 2 mo ANTECEDENT CAUSES Carcinoma Breast DUE TO (b) Carcinoma Breast 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) (Minute)		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 8/13 , 19 53 to 8/15 , 19 53 , that I last saw the deceased alive on 8/14 , 19 53 , and that death occurred at 3:30A.M. , from the causes and on the date stated above.	
23a. SIGNATURE George H. H. Webb (Degree or title)		23b. ADDRESS Webb City	
23c. DATE SIGNED 8/17/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 18, 1953		24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	
24d. LOCATION (City, town, or county) (State) Carterville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	
DATE REC'D BY LOCAL REG. 8-17-53		ADDRESS Webb City, Mo.	

RECEIVED AUG 24 1953

Jasper County Health Office

County File Number 698

Date Filed AUG 24 1953

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Wabbe City, 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.