

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38337

State File No. _____

FILED NOV 30 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1222

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 35 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp		d. STREET ADDRESS (If rural, give location) 421 1/2 S. 9th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Anthony	b. (Middle)	c. (Last) Sharpe	4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 2, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY Medicine	11. BIRTHPLACE (State or foreign country) Axtell, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME H. K. Sharpe	13b. MOTHER'S MAIDEN NAME Florence Totten	14. NAME OF HUSBAND OR WIFE Ina Maud Sharpe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ina M. Sharpe	ADDRESS 421 1/2 S. 9th St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction		11 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease DUE TO (c) Arteriosclerosis		7 yrs. unknown
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Nov. 8, 1953, to Nov. 19, 1953, that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 8:30 P m., from the causes and on the date stated above.

23a. SIGNATURE T. L. Howden M.D.	(Degree or title) C	23b. ADDRESS 620 Francis St., St. Joseph	23c. DATE SIGNED 11/21/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/23/1953	24c. NAME OF CEMETERY OR CREMATORY Marysville Cem.	24d. LOCATION (City, town, or county) (State) Marysville, Kansas
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DATE REC'D BY LOCAL REG. NOV 25, 1953	REGISTRAR'S SIGNATURE Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 519 So 10th St. Joplin

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.