

## STANDARD CERTIFICATE OF DEATH

State File No. 103

FILED JAN 25 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Richland Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Richland Twp.</b>	
c. LENGTH OF STAY (in this place) <b>72 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) <b>At Home</b>			

3. NAME OF DECEASED (Type or Print) <b>ALBERTA</b>		a. (First) <b>SHARROCK</b>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>January 20, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 5, 1879</b>		9. AGE (In years) (If under 1 year, give months and days) <b>74</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>			11. BIRTHPLACE (State or foreign country) <b>New Brighton, Pennsylvania</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Don't Know</b>			13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>			14. NAME OF HUSBAND OR WIFE <b>P. J. Sharrock</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mr. June Sharrock, Route 1, Golden City</b>			ADDRESS <b>Mo.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>arteriosclerosis</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 <b>4201</b>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May, 1951, to Nov 11, 1953, that I last saw the deceased alive on Nov 11, 1953, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Rudolf Krupp Jr.</b>		(Degree or title)		23b. ADDRESS <b>Golden City, Mo.</b>		23c. DATE SIGNED <b>12/1/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 22, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lamar, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>1-21-54</b>		REGISTRAR'S SIGNATURE <b>Hazel St. Pugh 150</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chiles Funeral Home, Lamar, Mo.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 6 1956

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

*Clarence H. Chile*

Licensed Embalmer No. \_\_\_\_\_

*3473*

P. O. Address \_\_\_\_\_

*Sumner 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.