

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22483**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **79** PRIMARY REG. DIST. NO. **5291** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Liberty</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>	c. CITY OR TOWN <b>Liberty</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>200 F Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, show location) <b>401 E Franklin</b>		<b>6001</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FLORA</b>	b. (Middle) <b>A</b>	c. (Last) <b>THARP</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 11-54</b>
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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 16-1866</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</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>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Galena Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			

13a. FATHER'S NAME <b>David P. Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Helen Almy</b>	14. NAME OF HUSBAND OR WIFE <b>George Tharp</b>
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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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George Benson</b>	ADDRESS <b>Liberty Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>		
	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>331 X</b>	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) <b>Liberty MO.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **1952** to **July 11, 1954** that I last saw the deceased alive on **July 11, 1954** and that death occurred at **3:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. J. Jackson M.D.</b>	(Degree or title)	23b. ADDRESS <b>Liberty Mo.</b>	23c. DATE SIGNED <b>7/17/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 13-54</b>	24c. NAME OF CEMETERY, OR CREMATORY <b>Fairview</b>	24d. LOCATION (City, town, or county) (State) <b>Kearney Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 14, 1954</b>	REGISTRAR'S SIGNATURE <b>Mabel Graham</b>	491-	25. FUNERAL DIRECTOR'S SIGNATURE <b>Dench-Orchard Co.</b>	ADDRESS <b>Liberty Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *John Lombard*.....

Licensed Embalmer No. *4448*.....

P. O. Address *Liberty*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.