

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23294

State File No.

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Township</u> c. LENGTH OF STAY (in this place) <u>7da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Jackson County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1400 No. River</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>O'Shell</u> c. (Last) <u>Sharron</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED; NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 20, 1984</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u> IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>O.A.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Topeka, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edgar M. Husson</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Taylor Ferman</u>	14. NAME OF HUSBAND OR WIFE <u>Emory R. Sharron</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-03-4432</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Agnes K. Pro</u> ADDRESS <u>332x</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 day</u>
	ANTECEDENT CAUSES DUE TO (b) <u></u> DUE TO (c) <u>Arterio Sclerosis</u>		
	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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 6-30, 1954, to 7-6, 1954, that I last saw the deceased alive on 7-6, 1954, and that death occurred at 2:45 am from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David Wolman, M.D.</u>	23b. ADDRESS <u>Jackson county Hospital</u>	23c. DATE SIGNED <u>7-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-8-54</u>	REGISTRAR'S SIGNATURE <u>W. B. Stange, Jr.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGilley-Eggar</u> ADDRESS <u>K.C., Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

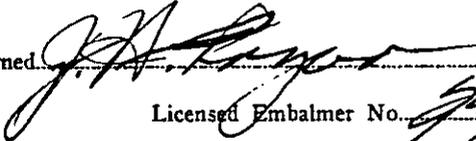
STATEMENT BY LICENSED EMBALMER

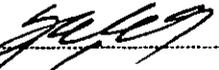
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No.  _____

P. O. Address _____

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.