

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28084

State File No.

BIRTH FILED AUG 23 1954 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>Adam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy, Ill</u>	
c. LENGTH OF STAY (in this place) <u>3 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>615 Oak</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lulu</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Sharp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15 1954</u>
-------------------------------------	------------------------	------------------------	------------------------	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 13, 1883</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
-----------------	---------------------------	---	---------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Timewell, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Hume Hodgson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Shotsure</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Nelson Sharp</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Helen M. SHarp</u>	ADDRESS <u>Edina, Mo</u>
--	-------------------------------------	--	--------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paternal Uremic azotemia</u>		<u>20 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Bowel obstruction</u>		<u>22 days</u>
DUE TO (c) <u>Carcinomatosis 154 X 1</u>		<u>to 2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS: <u>Primary Ca of rectum (operated 8 yrs ago) Colostomy</u>		<u>8 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Diabetes atherosclerosis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edina, Adams, Ill</u>
--	--	--

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from July 23, 1954 to Aug. 15, 1954, that I last saw the deceased alive on Aug 15, 1954, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William L. Freitas D.D.#9195</u>	23b. ADDRESS <u>Edina, Missouri</u>	23c. DATE SIGNED <u>8-15-54</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>18 Aug 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Sterning, City</u>	24d. LOCATION (City, town, or county) (State) <u>Mt Sterning, Ill</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Aug-16-54</u>	REGISTRAR'S SIGNATURE <u>Will S. Dunst</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ASGimer</u>	ADDRESS <u>Edina</u>
---	--	---	----------------------

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

05220

NOV 8 1954

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.