

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3510

State File No. ....

BIRTH NO. 64126-54 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 208

1. PLACE OF DEATH  
 a. COUNTY ST. CHARLES  
 b. CITY (If outside corporate limits, write RURAL and give town) ST. CHARLES  
 c. LENGTH OF STAY (in this place) 1 DAY  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MISSOURI b. COUNTY LINCOLN  
 c. CITY (If outside corporate limits, write RURAL and give township) ELS BERRY  
 d. STREET ADDRESS (If rural, give location) N. SECOND ST.

3. NAME OF DECEASED  
 a. (First) RICHARD b. (Middle) STEPHEN c. (Last) SHARPE  
 4. DATE OF DEATH (Month) (Day) (Year) OCT. 3, 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. ~~MARRIED~~ NEVER MARRIED,  WIDOWED, ~~DIVORCED~~   
 8. DATE OF BIRTH 10-2-54 9. AGE (In years last birthday) - IF UNDER 1 YEAR Months - Days 1 IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
 11. BIRTHPLACE (State or foreign country) ST. CHARLES, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert SHARPE 13b. MOTHER'S MAIDEN NAME DOROTHY COLLINS 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) \_\_\_\_\_  
 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME R.S. SHARPE - ELSBERRY, Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Anoxia  
 ANTECEDENT CAUSES Prolapsed Umbilical Cord  
 \*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 DUE TO (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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 7610 (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from Oct 2, 1954, to Oct 3, 1954, that I last saw the deceased alive on 10-3, 1954, and that death occurred at 10:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS 114 N. Main St. Charles Mo 60114 23c. DATE SIGNED \_\_\_\_\_

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 10-4-54 24c. NAME OF CEMETERY OR CREMATORY STAR HOPE 24d. LOCATION (City, town, or county) ELS BERRY, Mo. (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. Oct 12 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Elsberry, Mo.

(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 *W. J. Lambert*

Licensed Embalmer No. *4012*

P. O. Address *Esberry, 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.