

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40077**

FILED JAN 6 1955

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **731**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Maria c. (Last) Sharpe			4. DATE OF DEATH (Month) (Day) (Year) Dec 31, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 25, 1869		9. AGE (In years last birthday) 85		10. UNDER 1 YEAR: Days 3 Hours 6 Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Scotland Indiana	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Thornton		13b. MOTHER'S MAIDEN NAME Jane Dowden		14. NAME OF HUSBAND OR WIFE Clyde Sharpe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME J. Russell Sharpe, Sedalia Mo. ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of neck of femur with pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS E9040 21 Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 days
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Fractured femur		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Adrian Bates Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 20-54 7:47		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in home	

22. I hereby certify that I attended the deceased from **Dec. 20, 1954**, to **Dec. 30, 1954**, that I last saw the deceased alive on **Dec. 30, 1954**, and that death occurred at **3:20 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. Robinson M.D.		23b. ADDRESS Adrian, Mo.		23c. DATE SIGNED 12-31-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-55		24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery	
		24d. LOCATION (City, town, or county) (State) Adrian Mo.			

DATE REC'D BY LOCAL REG. Dec 31-54		REGISTRAR'S SIGNATURE Mendell Hery 17-C		25. FUNERAL DIRECTOR'S SIGNATURE L. J. Funeral Service ADDRESS Adrian Mo	
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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 _____ *Adrian Mo*

Licensed Embalmer No. *3650*

P. O. Address *Adrian Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.