

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5414

State File No.

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>	c. LENGTH OF STAY (in this place) <u>2 wks</u>	c. CITY OR TOWN <u>Edina</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital or Gibson Hospital & Clinic</u>		STREET ADDRESS (If rural, give location) <u>0520</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RILLA</u>	b. (Middle) <u>ETHEL</u>	c. (Last) <u>THARP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27, 1955</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 7, 1878</u>
9. AGE (In years last birthday) <u>76</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 1 HR. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Robert Murphy</u>
13b. MOTHER'S MAIDEN NAME <u>Hannah Sellens</u>	14. NAME OF HUSBAND OR WIFE <u>Rev. J. S. Tharp</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT'S SIGNATURE OR NAME <u>J. S. Tharp</u>	ADDRESS <u>Knox City, Mo</u>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u>	ANTECEDENT CAUSES (b) <u>ant. posterior myocardial infarction</u>	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>arteriosclerosis et atherosclerosis of coronary artery</u>	INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>6 mo.</u> <u>10 years</u> <u>5-10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrosclerosis</u>	19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</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>0</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	22. I hereby certify that I attended the deceased from <u>2-12-55</u> , 19 <u>55</u> , to <u>2-27-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-27-55</u> , and that death occurred at <u>3:30 AM</u> m., from the causes and on the date stated above.	23a. SIGNATURE <u>J. S. Tharp</u> (Degree or title)
23b. ADDRESS <u>Liban Heights Edina Mo</u>	23c. DATE SIGNED <u>2/27/55</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>March 2, 1955</u>
24c. NAME OF CEMETERY OR CREMATORY <u>Bee Ridge cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>South of Knox City, Mo</u>	DATE REC'D BY LOCAL REG. <u>Mar 1-55</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. S. Tharp</u>	ADDRESS <u>Edina, Mo</u>	26. I hereby certify that I attended the deceased from _____, _____, to _____, _____, that I last saw the deceased alive on _____, _____, and that death occurred at _____ m., from the causes and on the date stated above.	27. I hereby certify that I attended the deceased from _____, _____, to _____, _____, that I last saw the deceased alive on _____, _____, and that death occurred at _____ m., from the causes and on the date stated above.

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

MAR 15 1956

MAR 11 1956

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 *Mrs. J. W. Hudson*

Licensed Embalmer No. *297*

P. O. Address *Edina*

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.