

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21024

State File No.

FILED AUG 9 - 1955

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>Kansas</u> b. COUNTY <u>Leavenworth</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lamar</u>)		c. LENGTH OF STAY (In this place) <u>7</u> hours	c. CITY OR TOWN <u>Leavenworth</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County Memorial Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS		(If rural, give location) <u>2035 Main Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>		b. (Middle)		c. (Last) <u>SHARP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 22, 1935</u>		9. AGE (In years last birthday) <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Newton A. Sharp</u>		13b. MOTHER'S MAIDEN NAME <u>Genevieve Ryan</u>		14. NAME OF HUSBAND OR WIFE <u>Marietta Sharp</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. N. A. Sharp, Leavenworth, Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Automobile Accident</u>		—	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		—	
II. OTHER SIGNIFICANT CONDITIONS		Fracture Rt Femur; Pneumothorax; Multiple Rib Fractures and Lacerations		—	
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"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, highway, etc.) <u>Route 50 7 1/2 mi S of Lamar</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lamar Barton MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>August 5-1955 3:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>006</u>	

22. I hereby certify that I attended the deceased from 8-5-1955, to 8-5-1955, that I last saw the deceased alive on 8-5-1955, and that death occurred at 11:58 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas Keenan, M.D.</u> (Degree or title)		23b. ADDRESS <u>1204 2nd St. Lamar, Missouri</u>		23c. DATE SIGNED <u>8-6-55</u>	
24a. PHYSICAL EXAMINATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>Aug 6 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leavenworth</u>	
				24d. LOCATION (City, town, or county) (State) <u>Leavenworth Kansas</u>	

DATE REC'D BY LOCAL REG. <u>Aug 6th 1955</u>		REGISTRAR'S SIGNATURE <u>Marie Keenan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Funeral Home, Lamar, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1958

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 *Clarence W. Child*.....

Licensed Embalmer No. *34*

P. O. Address *Lamar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.