No. 300
10.48

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1631

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 7 ½ HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MADDOX REST HOME - 2302 PA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
d. STREET ADDRESS (If rural, give location): 2101 INDIANA AVENUE

0495

3. NAME OF DECEASED (Type or Print)
a. (First): MARY ANNA
b. (Middle): ENDICOTT
c. (Last): SHARP

4. DATE OF DEATH (Month) (Day) (Year): JAN. 10, 1956

5. SEX: F
6. COLOR OR RACE: W
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: JULY 24, 1885
9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): KITCHEN HELPER
10b. KIND OF BUSINESS OR INDUSTRY: RESTAURANTS
11. BIRTHPLACE (State or foreign country): UNK
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: UNK
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: HARRY SHARP, DEC'D
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 ADDRESS: MRS. EVELYN CALDWELL, CHETOPA, KS.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute myocarditis — unk.
DUE TO (c) malnutrition — unk.

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: 2865
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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Jan. 10, 1956, *to* Jan. 10, *19*56, *that I last saw the deceased alive on* 1-10-56, *19*____, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L E Kilbourne M.D.
23b. ADDRESS: 521 W. 4th, Joplin, Mo.
23c. DATE SIGNED: 1-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-14-56
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): JOPLIN; MISSOURI

DATE REC'D BY LOCAL REG.: 1-18-56
REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkin
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 23 1956

Health Office

File Number 56-1-56

Date Filed JAN 23 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Signed _____ Student Embalmer

Jan. 10, 1956

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

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