

FILED AUG 3-1956

STANDARD CERTIFICATE OF DEATH

State File No.

24381

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and name of township) OR TOWN <u>Southwest City</u>		c. CITY OR TOWN <u>Southwest City</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>(Rural Saratoga)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Sharp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-15-1956</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-18-1866</u>		9. AGE (In years) Last birthday <u>90</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>		IF UNDER 4 WKS. Hours <u>4</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clay Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Robt W. Ireland</u>		13b. MOTHER'S MAIDEN NAME <u>Brown</u>		14. NAME OF HUSBAND OR WIFE <u>J. B. Sharp</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roscoe Sharp</u> ADDRESS <u>Southwest City, Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vascular Disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 7-14, 1956, to 7-15, 1956, that I last saw the deceased alive on 7-14, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Varmack M.D.</u> (Degree or title)		23b. ADDRESS <u>Southwest City, Mo.</u>		23c. DATE SIGNED <u>7-25-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saratoga Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Southwest City Mo.</u>	
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DATE REC'D BY LOCAL REF. <u>7-28-56</u>		REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u> ADDRESS <u>Moel Mo.</u>	
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(License of Embalmer's Statement on Reverse Side)

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

No. 300
10.48

4230

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 *F. M. Humphrey Jr.*

Licensed Embalmer No. *470*

P. O. Address *Noel*

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.