

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27140

STATE FILE NUMBER

3357

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3357

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen'l Hosp. #1</u> Length of stay in lb <u>28 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>3913 Flora</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>o</u> Last <u>Sharp</u>			4. DATE OF DEATH Month <u>7</u> Day <u>30</u> Year <u>1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-6-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street car operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>30</u> Hours <u>1956</u> IF UNDER 24 HRS.: Hours <u>1956</u> Min.
11. BIRTHPLACE (City and state or country) <u>Fontenau Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charney Sharp</u>		14. MOTHER'S MAIDEN NAME <u>Josephine Lilly</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT <u>Mary Sharp</u> Address <u>3913 Flora</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary congestion and edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>Bronchiectasis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>526X</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY: Hour <u>4</u> Month <u>7</u> Day <u>30</u> Year <u>1956</u> a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 30, 1956</u> to <u>July 30, 1956</u> and last saw <u>him</u> alive on <u>July 30, 1956</u> Death occurred at <u>11:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. E. Weilest, M.D.</u> (Degree or title)		22b. ADDRESS <u>24th & Cherry</u>	22c. DATE SIGNED <u>7-31-1956</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-3-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rimwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
24. FUNERAL DIRECTOR <u>B. E. Weilest</u> ADDRESS <u>15-C mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-2-56</u>	26. REGISTRAR'S SIGNATURE <u>B. E. Weilest</u> <u>neva munnell</u>

44-10050

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 *Blaine E. Weiler*.....

Licensed Embalmer No. *40*.....
P. O. Address *1698*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.