

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39045

State File No.

FILED NOV 26 1956

BIRTH NO. 36774-5L REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5966 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rural Preston Twn.)		c. CITY OR TOWN Smithville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 830
c. LENGTH OF STAY (In this place)		f. STREET ADDRESS (If rural, give location) 2 Miles West of Smithville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Clay c. (Last) Sharp Jr.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1956		
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 26, 1956	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 18 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Smithville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Clay Sharp Sr.		13b. MOTHER'S MAIDEN NAME Frances Whitlow		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE AND NAME ADDRESS J. C. Sharp Smithville, Mo. RFD	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 752x
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) Smithville, Platte, Mo.
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? 1

22. I hereby certify that I attended the deceased from May 26, 1956, to May 13, 1956, that I last saw the deceased alive on May 13, 1956, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE E. B. Holt (Degree or title) M.D.	23b. ADDRESS Smithville, Mo	23c. DATE SIGNED 11-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-14-56	24c. NAME OF CEMETERY OR CREMATORY Second Creek Cemetery	24d. LOCATION (City, town, or county) (State) Platte County, Missouri
DATE REC'D BY LOCAL REG. Nov. 13, 56	REGISTRAR'S SIGNATURE Ophie Rollins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McComas Funeral Home Smithville, Mo.	

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



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..... *Donald W. Hanks*

Licensed Embalmer No. *4576*

P. O. Address *Smithville, 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.