

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40490

FILED DEC 19 1956

STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 4017 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Audrain.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe.					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farber, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN R.F.D. Perry, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb 3 Wks		d. STREET ADDRESS (If outside, give location) Rural-Befferson TSP			Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) PROCTOR				First W Middle SHARP Last		4. DATE OF DEATH Month Dec Day 11 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 18, 1884		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Pontiac, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME J.W. Sharp				14. MOTHER'S MAIDEN NAME Mary E. Kilberry,					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT Address Mrs Katherine Mae Sharp, Perry, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure DUE TO (b) Cardio-vascular degeneration DUE TO (c) Hypertension and Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 443X								INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES 2 YRS 10 YRS	
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 Month Day Year 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 May 1956 , to Dec 1956 and last saw him alive on 12-10-56 Death occurred at 5:25 P.m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) William W. Jones D.O.				22b. ADDRESS Ladonia, Missouri.				22c. DATE SIGNED 12-13-56	
23a. BURIAL, CREMATION, REPOSIT (Specify)		23b. DATE 12-13-56		23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery			23d. LOCATION (City, town, or county) (State) Perry, Missouri.		
24. FUNERAL DIRECTOR ADDRESS Clyde C. Wilsey, Perry, Mo.				25. DATE RECD. BY LOCAL REG. Dec 17 1956		26. REGISTRAR'S SIGNATURE Malie Fugua			

(Licensed Embalmer's Statement on Reverse Side)

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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard ribbon typewrite if possible.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

6-0

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... *Clyde Weeber*

Licensed Embalmer No... 382

P. O. Address... Perry, Mo.

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