

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42010

FILED JAN 8 1957

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 206

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon Rural</u>		d. STREET ADDRESS <u>Rural Route 1</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hosp.</u>		Length of stay in 1b <u>4 days</u>		e. STATE <u>Missouri</u>		f. COUNTY <u>Laclede</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Cynthia Mae</u>		Middle <u>Sharp</u>		Last <u>Sharp</u>		Month <u>Dec.</u> Day <u>30</u> Year <u>1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 25 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
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>-</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ewing Holder</u>				14. MOTHER'S MAIDEN NAME <u>Sarah B. Beckman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Claud Sharp Lebanon Rte 1.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Pulmonary Emphysema and Broncho Pneumonia</u>						<u>2 Months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Bronchial Asthma</u>						<u>Since 1911</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>None</u>					
20c. TIME OF INJURY		20d. INJURY OCCURRED					
Hour <u>-</u> Month, Day, Year <u>-</u>		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	
p. m. <u>-</u>						COUNTY	
						STATE	
21. I attended the deceased from <u>3/6/52</u> to <u>12/30/56</u> and last saw her <u>alive</u> on <u>12/30/56</u>							
Death occurred at <u>2: P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>George E. Disher M.D.</u>				22b. ADDRESS <u>Lebanon, Mo</u>		22c. DATE SIGNED <u>1/4/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/1/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery near Lebanon, Mo.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Holman Lebanon, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-1-1957</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

24-1

Received 1-7-57-----

Laclede County Health Unit

File No. 206-----

Date Filed 1-7-57-----

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 Dorsey M. Howe-----

Licensed Embalmer No. 42-----

P. O. Address Lebanon-----

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.