

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH3835 42267
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 557

1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON				
b. CITY (If outside corporate limits, give TOWNSHIP only) RURAL OR TOWN SHOAL CRK TWSP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY RURAL OR TOWN SHOAL CRK TWSP		Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RT. 2, BOX 20B, INSTITUTION JOPLIN				Length of stay in lb 20 YRS		d. STREET RT. 2, (If outside, give location) ADDRESS BOX 20B, JOPLIN		
3. NAME OF DECEASED (Type or print) First ROBERT Middle L. Last SHARP				4. DATE OF DEATH DEC. 16, 1956 Month DEC. Day 16, Year 1956				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 4, 1878		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIEF ENGINEER			10b. KIND OF BUSINESS OR INDUSTRY POWER & LIGHT CO.		11. BIRTHPLACE (City and state or country) GIRARD, KS.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME SHARP				14. MOTHER'S MAIDEN NAME UNK				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES- SPANISH-AMERICAN			16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. NELLIE SHARP, RT. 2, BOX 20 B, JOPLIN, 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) Coronary Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pneumonia pneumonia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201							INTERVAL BETWEEN ONSET AND DEATH	
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. _____			Attended by Dr. Wm. Douglas for found dead at home					
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 _____ (with or without) and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Robert L. Sharp</i>				22b. ADDRESS 1217 N. 1st St. - Nat'l Bldg. - Joplin		22c. DATE SIGNED 12/17/56		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-19-56	23c. NAME OF CEMETERY OR CREMATORY GIRARD CEMETERY		23d. LOCATION (City, town, or county) (State) GIRARD, KANSAS			
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.				25. DATE RECD. BY LOCAL REG 12-19-1956		26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>		

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

disease

27-0

RECEIVED

Public Health Officer No. Newton

Case File Number 1256-217

Date Issued DEC 8 3 1954

RECEIVED
DEC 10 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 230

P. O. Address Jap. Ave.

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.