

Health,  
Welfare  
Public  
Service

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1956

42499

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Higbee</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wabash Employes' Hospital</b>		Length of stay in lb <b>15 days</b>	d. STREET ADDRESS <b>(If outside, give location)</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>RAYMOND</b> Last <b>SHARP</b>			4. DATE OF DEATH Month <b>December</b> Day <b>4</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 28, 1899</b>	9. AGE (In years (not birthday)) <b>57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR Company</b>		11. BIRTHPLACE (City and state or country) <b>Higbee Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>George Sharp</b>			14. MOTHER'S MAIDEN NAME <b>Lyda Paulfrey</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>486-12-3734</b>		17. INFORMANT <b>Mrs. Rosa Sharp - Higbee Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Congestion of Lung, secondary</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Adenocarcinoma of the large bowel and small</b>					<b>Months (?)</b>
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.) <b>Not applicable</b>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <b>Higbee</b> COUNTY _____ STATE _____		
21. I attended the deceased from <b>Nov. 19, 1956</b> to <b>Dec. 4, 1956</b> and last saw <b>him</b> alive on <b>Dec. 4, 1956</b> Death occurred at <b>1:15 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>L. K. McMurphy, M.D., Surgeon in Charge</b>			22b. ADDRESS <b>Wabash Employes' Hospital</b>		22c. DATE SIGNED <b>12/4/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 6 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City</b>		23d. LOCATION (City, town, or county) (State) <b>Higbee Mo</b>
24. FUNERAL DIRECTOR <b>Burton Funeral Home.</b>		ADDRESS <b>Higbee Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-6-56</b>	26. REGISTRAR'S SIGNATURE <b>Leah Bloune</b>

(Licensed Embalmer's Statement on Reverse Side)

1951 8 1957

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 Charles T. Lanham, Student Embalmer No. 5 working under my personal supervision.

Student Charles T. Lanham  
Signature of Student Embalmer

Signed E. J. Guernon

Licensed Embalmer No. 39

P. O. Address Glasgow

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.