

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1708

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 155 | | PRIMARY REG. DIST. NO. 5579 | | Registrar's No. 14 | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN rural - Mineral | | c. LENGTH OF STAY (in this place) 19 days | | c. CITY OR TOWN Carthage | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Elmhurst - Webb City | | | | STREET ADDRESS (If rural, give location) 621 E. 5th St. 4930 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALFRED | | b. (Middle) CLINTON | | c. (Last) THARP | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 28, 1957 | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Aug 27, 1878 | |
| 9. AGE (In years last birthday) 78 | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired tree surgeon | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Al Tharp | | 13b. MOTHER'S MAIDEN NAME Mary ? | | 14. NAME OF HUSBAND OR WIFE Mary Alice Tharp | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alfred Tharp, Carthage, Mo | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Hypertension 10 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 331x | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 3-14, 1953, to 1-28, 1957, that I last saw the deceased alive on 1-14, 1957, and that death occurred at 4:00p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE M. Foster Witter (Degree or title) M.D. | | | | 23b. ADDRESS 616 W. Centennial, Carthage | | 23c. DATE SIGNED 1-29-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Jan 30, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery | | 24d. LOCATION (City, town, or county) (State) Jasper County Missouri | |
| DATE REC'D BY LOCAL REG. 1-29-57 | | REGISTRAR'S SIGNATURE Mrs. Madeline Switzer | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

74-0

County File Number
Date Filed
EB 57-8591

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..... Robert H. Knell

Licensed Embalmer No. 4450

P. O. Address Carthage

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.