. Health,
& Welfare
. Public
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FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 9250

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Lawrence	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora — Inside Limits Yes X No ☐	c. CITY OR TOWN Aurora 0551 0 — Inside Limits Yes ☐ No X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital — Length of stay in 1b: 6 weeks	d. STREET ADDRESS Rt. #2 (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First: Josephine Middle: Delores Last: SHARKEY			4. DATE OF DEATH Month, Day, Year: March 21, 1957	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: March 18, 1900	9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Kansas City, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jeseph L. Reischel		14. MOTHER'S MAIDEN NAME: Mary Fierst		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------	16. SOCIAL SECURITY NO.: 487-03-1130	17. INFORMANT: Charles T. Sharkey — Address: Aurora, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Sarcoma (Synovial in Origin) With Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 Years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 197X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 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 5/2/55, to 3/21/57 and last saw her/him alive on 3/12/57. Death occurred at 12:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. 0

22a. SIGNATURE (Degree of title): J. McCallum M.D. — 22b. ADDRESS: 315 Madison; Aurora, Mo. — 22c. DATE SIGNED: 3/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3/25/57	23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary	23d. LOCATION (City, town, or county) (State): Aurora, Missouri
24. FUNERAL DIRECTOR: Arnold's Funeral Home — ADDRESS: Aurora, Mo.		25. DATE RECD. BY LOCAL REG.: 3/25/57	26. REGISTRAR'S SIGNATURE: Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 3 '95

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Irvin R. Arnold

Licensed Embalmer No. 492

P. O. Address AURORA,

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