

FILED MAY 29 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17352
STATE FILE NUMBER
2175
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Kansas City</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>805 No Kansas</i> Length of stay in <i>73 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>805 No Kansas</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>ANNA Gertrude Sharp</i>			4. DATE OF DEATH Month <i>5</i> Day <i>7</i> Year <i>57</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-8-1874</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <i>83</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday)
11. BIRTHPLACE (City and state or country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Joseph Wendt</i>		14. MOTHER'S MAIDEN NAME <i>Mary Becker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT <i>George Sharp</i> Address <i>Soul, K.C. Mo.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive Cardio-vascular Disease</i> DUE TO (c) <i>Chronic Venous Insufficiency, with Ulceration</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hours</i> <i>10 years</i> <i>4437</i>
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.)		
20c. TIME OF INJURY Hour <i>8:30</i> Month, Day, Year <i>April 1, 1957</i>			
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 <i>April 1, 1957</i> to <i>May 6, 1957</i> and last saw <i>her</i> alive on <i>May 6, 1957</i> . Death occurred at <i>8:30 P.M.</i> m on the date stated above; and to the best of my knowledge, from <i>the</i> causes stated.			
22a. SIGNATURE <i>A. D. Eshelman</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>4233 Blue Ridge Blvd Kansas City, Mo.</i>	22c. DATE SIGNED <i>May 8, 1957</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5/10/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Marys Cem</i>	23d. LOCATION (City, town, or county) <i>Kansas City Mo</i>
24. FUNERAL DIRECTOR <i>Phil General Home</i> ADDRESS <i>K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-9-57</i>	26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>

(Licensed Embalmer's Statement on Reverse Side)



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 *Thomas A. Skelton*

Licensed Embalmer No. *49*

P. O. Address *K. O. 1*

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.