

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029963

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No. 292 Primary Registration District No. 6002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Ralls.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saltriver Township</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Perry, Mo. R.F.D.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perry, Mo. R.F.D.</b>			Length of stay in 1b <b>2Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Saltriver Township</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>EDWIN</b> Last <b>SHARP</b>				4. DATE OF DEATH Month <b>Aug</b> Day <b>14</b> Year <b>1958</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 27, 1867</b>		9. AGE (In years (birth day)) <b>91</b>		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) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Henry Sharp.</b>				14. MOTHER'S MAIDEN NAME <b>Harriet Harsh.</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Floyd Sharp. Perry, Mo.</b>				Address	
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>Levomy Sclerosis</b> DUE TO (b) <b>Semilitis</b> DUE TO (c) <b>4201</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>		
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 <b>11:40</b> Month <b>Aug</b> Day <b>7</b> Year <b>58</b> a. m. p. m.										
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 <b>Aug 7</b> to <b>Aug 14</b> and last saw <b>him</b> alive on <b>Aug 14</b> Death occurred at <b>11:40</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <b>Ernest T. Swan D.O.?</b>					22b. ADDRESS <b>Perry, Missouri.</b>			22c. DATE SIGNED <b>8-16-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-16-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lickereek Cemetery.</b>			23d. LOCATION (City, town, or county) (State) <b>Perry, Missouri.</b>				
24. FUNERAL DIRECTOR <b>Clyde C. Wilkey</b>				ADDRESS <b>Perry, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>8-16-1958</b>		26. REGISTRAR'S SIGNATURE <b>Clyde C. Wilkey</b>		

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....  
Licensed Embalmer No. 38

P. O. Address Pennsylvania

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

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. 8-21-8

8-21-8