

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008274  
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 93

300  
-57 ✓

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY OR TOWN <b>Kirksville</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirksville</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>817 E. Pierce St.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>817 E. Pierce St.,</b>

3. NAME OF DECEASED (Type or print) First <b>Chrystal</b> Middle <b>Adell</b> Last <b>Sharp</b>			4. DATE OF DEATH Month <b>March</b> Day <b>18</b> , Year <b>1959</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</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>March 4, 1902</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Gentry County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Thomas William Davis</b>	13b. MOTHER'S MAIDEN NAME <b>May ----</b>	14. NAME OF HUSBAND OR WIFE <b>Lloyd P. Sharp</b>
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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>Lloyd P Sharp, Kirksville, Mo.</b>	Address
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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>Congestive heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2yrs. 10mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Toxicity</b>	
	DUE TO (c) <b>Primary carcinoma of the liver</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>155C</b>		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.)
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20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>	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 <b>Kirksville</b>	COUNTY <b>Adair</b>	STATE
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21. I attended the deceased from <b>April 13, 1956</b> to <b>March 18, 1959</b> and last saw her alive on <b>March 18, 1959</b> Death occurred at <b>12:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>J. Sue Gravelle D.O., 2</b>	(Degree or title)	22b. ADDRESS <b>Kirksville, Mo.</b>	22c. DATE SIGNED <b>3/19/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/20/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kirksville, Mo.</b>
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24. FUNERAL DIRECTOR <b>Paul W. Riley</b>	ADDRESS <b>Kirksville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-19-1959</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Rathjif</b>
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All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 MEDICAL CERTIFICATION  
 N. S. E.

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 *George W. Davest* .....

Licensed Embalmer No. *4799* .....

P. O. Address *Urbandale* .....

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.