

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

59-031953

Registration District No. 20 Primary Registration District No. _____ Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Gentry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stanberry</u> Length of stay in lb <u>10 days</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> c. CITY OR TOWN <u>King City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED First <u>Archie</u> Middle <u>Cheslie</u> Last <u>Sharp</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>7</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 17, 81</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self emp.</u>		11. BIRTHPLACE (City and state or country) <u>Gilford, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13a. FATHER'S NAME <u>John W. Sharp</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Henderson</u>			
14. NAME OF HUSBAND OR WIFE <u>-</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT <u>Floyd Sharp</u>		Address <u>Maryville, Mo.,</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>unknown.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arterio sclerotic heart disease, Recent stroke, uncompensated</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Days</u>		
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>8-27-59</u> to <u>9-7-59</u> and last saw ^{her} him alive on <u>9-7-59</u> Death occurred at <u>9:05</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arthur L. Carlin M.D.</u>			22b. ADDRESS <u>Stanberry, Mo.</u>		22c. DATE SIGNED <u>9-8-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 9, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		23d. LOCATION (City, town, or county) (State) <u>King City, Missouri</u>		
24. FUNERAL DIRECTOR <u>Island D. Clark</u> ADDRESS <u>King City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Roland D. Clark

Licensed Embalmer No.

44 77

P. O. Address

King City

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.