

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 13 1960

157

Primary Registration District No.

3028

Registrar's No.

202

-60-035233

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>	Length of stay in 1b <b>39 Hours</b>	c. CITY OR TOWN <b>Carthage</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCune Brooks Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None</b>

3. NAME OF DECEASED (Type or print) First <b>Sarah</b> Middle <b>Alma</b> Last <b>Tharp</b>			4. DATE OF DEATH Month <b>October</b> Day <b>6</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-5-60</b>	9. AGE (last birthday) <b>15</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Carthage, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>John Tharp</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Neville</b>	14. NAME OF HUSBAND OR WIFE <b>None</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 Address <b>Mrs. Alma Neville, Kansas City, Mo.</b>
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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>Common Rt heart chamber; Stenosis Pulmonary artery in utero</b> <b>interauricular septal defect</b> Congenital malformation		INTERVAL BETWEEN ONSET AND DEATH <b>(7-8 mos.)</b>
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>8:00 P</b> Month, Day, Year <b>Oct 5, 1960</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>Carthage, Missouri</b>	COUNTY <b>Jasper</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>Oct 5, 1960</b> to <b>Oct 6, 1960</b> and last saw her alive on <b>Oct 6, 1960</b> Death occurred at <b>8:00 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Sharon S. Patterson MD.</b>	22b. ADDRESS <b>510 S Main Carthage, Mo.</b>	22c. DATE SIGNED <b>10-7-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-8-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>
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24. FUNERAL DIRECTOR <b>Ulmer Funeral Home, Carthage, Mo.</b>	ADDRESS <b>Carthage, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-8-1960</b>	26. REGISTRAR'S SIGNATURE <b>Ely Clutter</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Body was not embalmed but packed.

**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 *Edwin S. Elmer*

Licensed Embalmer No. 4952

P. O. Address *Carthage*

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