

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041157

FILED VS DEC 5 1960

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Registrar's No. 1225

STATE FILE NUMBER

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1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in lb <u>Few Minutes</u>		c. CITY OR TOWN <u>Kearney</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #2</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 type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>R.</u> Last <u>Sharp, Jr.</u>				4. DATE OF DEATH Month <u>November</u> Day <u>23</u> , Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 16, 1914</u>		9. AGE (last birthday) <u>46</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>Cattle-man</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Kansas</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Robert R. Sharp, Sr.</u>				13b. MOTHER'S MAIDEN NAME <u>Julia (Unknown)</u>				14. NAME OF HUSBAND OR WIFE <u>None</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>3212 W. 03 Street</u> <u>Dr Otho Duncan Overland Park, Kansas</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>Broncho Pneumonia</u>										INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Possibly an overdose of a hypnotic</u>													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Man was in coma when found in his home alone.</u> <u>Did not regain consciousness</u>							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						
19. WAS AUTOPSY PERFORMED? YES <input 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.)									
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>Nov. 22, 1960</u> to <u>Nov. 23, 1960</u> and last saw her/him alive on <u>Nov. 23, 1960</u> Death occurred at <u>5:05 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>A. F. Mundy, M.D.</u>				22b. ADDRESS <u>St Joseph Mo</u>				22c. DATE SIGNED <u>Nov 23 1960</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>Nov. 25, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's Sons Crematory</u>			23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>						
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons - Kansas City, Mo.</u> <u>1321 Brook Creek Blvd.</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 23, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Clark Goodall</u>							

DOCUMENT

MEICAL CERTIFICATION
H.F. Mundy, M.D.

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 Javier Quast

Licensed Embalmer No. 4096

P. O. Address K. C. Mo

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