

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009121

AMENDED

Registration District No. 148 Primary Registration District No. 1002 Registrar's No. 1267

STATE FILE NUMBER

FILED MAR 29 1961

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4144 McGee Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4144 McGee Street</b>
3. NAME OF DECEASED (Type or print) <b>SAMUEL CALVIN SHARP</b>			4. DATE OF DEATH Month <b>March</b> Day <b>8</b> Year <b>1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-1-1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpet</b>	9. AGE (last birthday) <b>82</b>
13a. FATHER'S NAME <b>Samuel Sharp</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Ferguson</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</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>		14. NAME OF <del>Spouse</del> <sup>Spouse or</sup> WIFE <b>MRS. KATHERINE SHARP</b>	
16. SOCIAL SECURITY NO. <b>Miss Katherine M. Sharp</b>		17. INFORMANT <b>4144 McGee, Kansas City, Mo.</b>	
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>arteriosclerotic heart disease</b> DUE TO (b) <b>Renial of arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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
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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11:35 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D. W. Newcomer</b>		22b. ADDRESS <b>6627 Pruditt St</b>	22c. DATE SIGNED <b>3-9-61</b>
23a. BURIAL (CREMATION, REMOVAL (Specify)) <b>Burial</b>	23b. DATE <b>Mch. 11, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>D.W. Newcomer's Sons</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b> Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. <b>3-10-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

DOCUMENT

MEDICAL CERTIFICATION

Geo. C. Kealhofer

DATE AMENDED  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

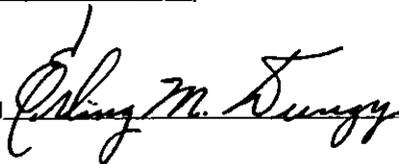
**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3566

P. O. Address K.C. Mo.

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.