

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008030

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 26

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED MAR 1 1963		
1. PLACE OF DEATH a. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>near Brighton</u>		
Length of stay in 1b <u>accident</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>scene of accident</u>		
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>		
c. CITY OR TOWN <u>Kansas City North</u>		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS <u>1603 E. 64th St.</u>		
If outside, give location Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Lee Sharitz</u>		
4. DATE OF DEATH Month Day Year <u>Feb. 24, 1963</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>2/22/1944</u>		9. AGE (last birthday) <u>19</u>
IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Carl Sharitz</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Lucas</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) <u>No</u>
16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT Address <u>Carl Sharitz - Kansas City North, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal injuries and head injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Automobile accident - Highway 13</u> <u>10 miles south of Bolivar, Mo.</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Two car accident - Head on collision</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>8:30 P.M. 2/24/63</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) <u>Highway 13</u>
20f. CITY, TOWN, OR LOCATION <u>10 miles south - Bolivar</u>		COUNTY STATE <u>Polk Mo.</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>8:30 P.M.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Paul D. Butler Coroner - Polk Co.</u>		22b. ADDRESS <u>407 E. Broadway - Bolivar, Mo.</u>
22c. DATE SIGNED <u>2/25/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>
23b. DATE <u>2/26/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cemetery</u>
23d. LOCATION (City, town, or county) <u>Riverside</u>		(State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Paul D. Butler</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 25, 1963</u>
ADDRESS <u>Bolivar, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 5 1963

Permit issued Feb. 24, 1963

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J.H.

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 Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bohler, 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.