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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11667

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RT #2 NAYLOR
c. LENGTH OF STAY (in this place): 8 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME (RURAL)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BUTLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, NEELY TWNS.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LUE
b. (Middle): EMMER
c. (Last): SHARP

4. DATE OF DEATH (Month) (Day) (Year): 4-16-49

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-28-1875
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 6, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): RANDOLPH Co., ARK.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: JAMES W. WILKINS
13b. MOTHER'S MAIDEN NAME: MATILDA JANE MOCK
14. NAME OF HUSBAND OR WIFE: R. M. SHARP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: JAMES H. SHARP 5236 JENNINGS RD ST. LOUIS, MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PULMONARY INFARCT — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CHRONIC MYOCARDITIS & FIBRILLATION (YEARS)
DUE TO (c): GENERALIZED ARTERIOSCLEROSIS YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PARTIAL PARALYSIS INCLUDING BLADDER & RECTUM YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
422
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR 1, 1949, *to* APR 14, 1949, *that I last saw the deceased alive on* APR 14, 1949, *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reginald E. Smith, MD.
23b. ADDRESS: CORNING, ARK.
23c. DATE SIGNED: 4-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 4-17-49
24c. NAME OF CEMETERY OR CREMATORY: WILLIAMS CEMETERY
24d. LOCATION (City, town, or county) (State): CLAY Co. ARK.

DATE REC'D BY LOCAL REG.: April 18, 1949
REGISTRAR'S SIGNATURE: W. H. Johnson per Clara E. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R. J. Selig Jr. Black's Mortuary, Corning Ark

(Licensed Embalmer's Statement on Reverse Side)

APR 25 REC'D

BUTLER COUNTY HEALTH CENTER

449-62

4-25-49

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.

Signed Ronson J. Selig Jr.

Signed .....
Student Embalmer

Licensed Embalmer No. 516

P. O. Address Corning, Ark.

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 this body is not embalmed, fact should be so stated above.