

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18357
29

State File No.

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6178 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reger</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reger</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>William</u> c. (Last) <u>Sharp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 6 - 1949</u>	
5. SEX <u>Male U</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>4-15 1886</u>
9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u> IF UNDER 6 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Humphrey - Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>John W Sharp</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Henning</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Williams - dead</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>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Sharp</u>		ADDRESS <u>Milan Mo</u>	
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) <u>DEEP NECK WOUND, CLEAN CUT, ON RIGHT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>WITHIN OUTSIDE TOILET</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>REGER SULLIVAN MISSOURI</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 6 1949 9³⁰ p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SELF-INFLICTED KNIFE WOUND</u>	
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph E. Prior DO - Coroner</u>		23b. ADDRESS <u>P. O. BOX 82, MILAN, MISSOURI</u>	
23c. DATE SIGNED <u>5-19-49</u>		24. LOCATION (City, town, or county) (State) <u>Humphrey - Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/21/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Humphrey Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 24 - 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Schaerer</u>		ADDRESS <u>Milan Mo</u>	

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

105
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RECEIVED

District Health Officer No.

District File Number 549

Date Filed MAY 31 1949

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 Dwight Schone.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2467

P. O. Address Ulan - 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 this body is not embalmed, fact should be so stated above.