

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33334

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 1289 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Chay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chay</u>	
b. CITY OR TOWN <u>Rural Platte Township</u>		c. CITY OR TOWN <u>Rural Platte Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile N.W. of Nashua</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile North of Nashua</u>	
3. NAME OF DECEASED a. (First) <u>Himmie</u> b. (Middle) <u>J.</u> c. (Last) <u>Sharp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 24, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Sept. 13, 1935</u>
9. AGE (In years last birthday) <u>14</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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>Student</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Claude A. Sharp</u>	
13b. MOTHER'S MAIDEN NAME <u>Pearl Fattig</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</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'S SIGNATURE OR NAME <u>C.A. Sharp</u> ADDRESS <u>Smithville, Mo. R.F.D.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chest.</u> 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>E9190</u> <u>19</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident Farm</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nashua</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chay Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gave discharged while climbing over fence - 12 ft high</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 (Degree or title) <u>D. C. Brown</u>		23b. ADDRESS <u>North Kansas B. Mo</u>	23c. DATE SIGNED <u>10/25/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Smithville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct 26 - 1949</u>		REGISTRAR'S SIGNATURE <u>Beecher Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home, Smithville, Mo.</u>

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

RECEIVED NOV 2
District Health Officer No. 8,
District File Number _____
Date Filed 11-4-49

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 CP

CP Student Embalmer No. CP
working under my personal supervision.

Student CP
Student Embalmer.

Signed Darryl Boggess

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.