

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7605

State File No. \_\_\_\_\_

FILED MAR 22 1950

Registrar's No. 25

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5713

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL UNION</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL UNION</u>	
c. LENGTH OF STAY (in this place) <u>0690</u>		d. STREET ADDRESS (If rural, give location) <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KEDVILKA</u> b. (Middle) <u>M</u> c. (Last) <u>SHARROCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-1950</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-27-1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WASHINGTON D.C.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>FRED SCHNIDDER</u>	13b. MOTHER'S MAIDEN NAME <u>CARL STAY</u>	14. NAME OF HUSBAND OR WIFE <u>CHAS. SHARROCK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>ROY DENMAN</u>	ADDRESS <u>MARYLAND, MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>150.1X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo. Carditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Bronchitis</u>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 14, 1950, to Mar 4, 1950; that I last saw the deceased alive on Mar 3rd, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. Crites D. H. S.</u>	(Degree or title)	23b. ADDRESS <u>Lesueur Childs</u>	23c. DATE SIGNED <u>3/4/1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>PATTON MO</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 18-1950</u>	REGISTRAR'S SIGNATURE <u>Willie Dan Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHAMMAN</u>	ADDRESS <u>Maryland</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

MAR 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-422

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4351

P. O. Address Frederick town

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.