

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20764

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b> <b>0520</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>	b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Sharp</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June-15-1950</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>May-3-1861</b>
9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>15</b>	IF UNDER 4 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>on Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Knox County,, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Nathaniel Taylor</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Washburn</b>		14. NAME OF HUSBAND OR WIFE <b>Moody Sharp</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Helen E. Sharp Edina</b>	
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) <b>Cancer of Anterior</b> ANTECEDENT CAUSES <b>Sensitivy</b> Morbidity 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. <b>Paralysis of extremities</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>One 1/2 hr.</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>HO</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Knox MO MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <b>June 14, 1950</b> , to <b>June 15, 1950</b> , that I last saw the deceased alive on <b>June 15, 1950</b> , and that death occurred at <b>11</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. E. Luman M.D.</b>		23b. ADDRESS <b>Edina MO</b>	23c. DATE SIGNED <b>June 17/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June-17-1950</b>	24c. NAME OF CEMETERY OR-CREMATORY <b>Linville</b>	24d. LOCATION (City, town, or county) (State) <b>Edina, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>June-27-50</b>	REGISTRAR'S SIGNATURE <b>Nell S. Nunant</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Grimm</b>	ADDRESS <b>Edina MO</b>

(Licensed Embalmer's Statement on Reverse Side)

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

520

RECEIVED

JUN 26 1950

District Health Officer No. 10

District File Number 6-50-1029

Date Filed JUN 26 1950

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 [Signature]

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Miss J. W. Anderson

Licensed Embalmer No. 1072

P. O. Address Edina, 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.