

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40231

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5367</u>		Registrar's No. <u>106</u>		
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monroe Township</u>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monroe Township</u> <u>0310</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles South Gallatin, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>7 Miles South Gallatin, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Peter</u> c. (Last) <u>Sharp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 16 1873</u>		
9. AGE (In years last birthday) <u>77</u>		# UNDER 1 YEAR <u>0</u>		# UNDER 1 DAY <u>8</u>		# UNDER 1 MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>			11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Peter Sharp</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McKim</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Sharp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Sharp, Gallatin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Anger</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Myocardial Infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-43X</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>Dec 22, 1950</u> to <u>Dec 24, 1950</u> , that I last saw the deceased alive on <u>Dec 24, 1950</u> and that death occurred at <u>8P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Edward C. Cramer M.D.</u> (Degree or title)				23b. ADDRESS <u>Gallatin, Mo.</u>		23c. DATE SIGNED <u>Dec 29 '50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McCrary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Daviess County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>30 Dec. 1950</u>		REGISTRAR'S SIGNATURE <u>Virginia M Englehart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Gallatin, Mo.</u>		

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

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *L. O. Richerson* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3302* .....

P. O. Address *Callahan 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.