

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3893
Registrar's No. 183

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1601 Beattie Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED
a. (First) Dora b. (Middle) Loretta c. (Last) Sharp

4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1951.

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 11, 1881 9. AGE (In years last birthday) 69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Carroll County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Henry Powers 13b. MOTHER'S MAIDEN NAME Amanda Hicks 14. NAME OF HUSBAND OR WIFE William P. Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME William P. Sharp ADDRESS St. Joseph, Mo.

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease

ANTECEDENT CAUSES renal disease

MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

DUE TO (c) Auricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Unknown
442X
Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6/18, 1950, to 2/19, 1951, that I last saw the deceased alive on 2/19, 1951, and that death occurred at 12:30Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) My Redmond MD 23b. ADDRESS St. Joseph, Mo. 23c. DATE SIGNED 2/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Feb. 23, 1951 24c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery 24d. LOCATION (City, town, or county) (State) Wathena, Kansas

DATE REC'D BY LOCAL REG. Feb. 21, 1951 REGISTRAR'S SIGNATURE Carl C. Carter 25. FUNERAL DIRECTOR'S SIGNATURE Stalter Meierhoffer ADDRESS St. Joseph, Mo.

(Licensed Embalmers' Statement on Reverse Side)

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

1170

50

0117

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 **** *****
Student Embalmer

Signed Robert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.