

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29553

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1002

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph
c. LENGTH OF STAY (in this place) 24 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 2226 South 12th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
d. STREET ADDRESS (If rural, give location) 2226 South 12th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Ella b. (Middle) c. (Last) Sharp
4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1951

5. SEX Female/ 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 19, 1860 9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Clinton Co. Mo. d
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John McCue 13b. MOTHER'S MAIDEN NAME Margaret McNulty 14. NAME OF HUSBAND OR WIFE Willard 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 ADDRESS Mrs Mary Sharp 2226 So. 12th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, left hip
INTERVAL BETWEEN ONSET AND DEATH 2 mos / 6 wks
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS (d) Decubitus Ulcer, Myocardial Infarction, about 7 mos

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 131 6 90316 20
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph, Buchanan, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 7-25-51 - 9:30+10
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? Fell while standing

22. I hereby certify that I attended the deceased from 11/14, 1950, to 9/26, 1951, that I last saw the deceased alive on 9/7, 1951, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy) My Redmond MD
23b. ADDRESS St Joseph, Mo
23c. DATE SIGNED 9/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-28-51
24c. NAME OF CEMETERY OR CREMATORY Columbian Cemetery
24d. LOCATION (City, town, or county) (State) Conception, Mo.
DATE REC'D BY LOCAL REG. Oct 1, 1951
REGISTRAR'S SIGNATURE Carl C. Castle
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Redmond 1802 Broadway

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

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.....

Robert H. Gable

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.