

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11716**

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4498** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY SHELBY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HUNNEWELL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN REAL JACKSON TWP.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION TOWN LIMITS		d. STREET ADDRESS (If rural, give location) NEAR SHELBY TWP. 1020	

3. NAME OF DECEASED (Type or Print)	a. (First) LOUIS	b. (Middle) ALEXANDER	c. (Last) SHARP	4. DATE OF DEATH (Month) (Day) (Year) 3-26-1952
-------------------------------------	-------------------------	------------------------------	------------------------	--

5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH 11-22-1895	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR 4	11. UNDER 1 MONTH 4	12. UNDER 1 HOUR 4	13. UNDER 1 MIN. _____
--------------------	---------------------------------	--	------------------------------------	---	---------------------------	----------------------------	---------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM HAND	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	---	--

13a. FATHER'S NAME ALEX SHARP	13b. MOTHER'S MAIDEN NAME ALICE BAXTER	14. NAME OF HUSBAND OR WIFE DIVORCED
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. 491-36-7832	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ed. Jopp ADDRESS HUNNEWELL 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 151X	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 OF INJURY (Month) (Day) (Year) (Hour) _____	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 **3-7**, 19**52**, to **3-20**, 19**52**, that I last saw the deceased alive on **3-20**, 19**52**, and that death occurred at **9:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE T. J. Sperckle, MD (Degree or title)	23b. ADDRESS Shelby, Mo	23c. DATE SIGNED 3-21-52
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/29/1952	24c. NAME OF CEMETERY OR CREMATORY SHARPS BURG (BY)	24d. LOCATION (City, town, or county) (State) NEAR MONROE CITY MO
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 3-29-52	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Artan Funeral Home ADDRESS HUNNEWELL MO
---	---	--

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3720

P. O. Address Monroe City, 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.