

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1915

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarsapke Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarsapke Mo</u>	
c. LENGTH OF STAY (in this place) <u>49 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26-53</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jean</u> b. (Middle) <u>Sharp</u> c. (Last) <u>Brown</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>wh</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 17-1883</u>	
9. AGE (in years last birthday) <u>69</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		10. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Greenfield Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>Jim Sharp</u>		13b. MOTHER'S MAIDEN NAME <u>Melle Mayer</u>	
14. NAME OF HUSBAND OR WIFE <u>RK Brown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>at home</u>	
16. SOCIAL SECURITY NO. <u>4201</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nelson Brown Sarsapke 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arterio-sclerosis</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1 Mo</u> , 19 <u>52</u> , to <u>6 Jan</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2 Jan</u> , 19 <u>53</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Leroy Simmons</u>		23b. ADDRESS <u>1201 Cent St Gasper Mo</u>	
23c. DATE SIGNED <u>27 Jan 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarsapke Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Sarsapke Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson & Sons Sarsapke Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-28-53</u>		REGISTRAR'S SIGNATURE <u>L B Clinton Mo</u>	

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

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RECEIVED 2-5-53
Jaeger County Health Office

County File Number 53/2/124

Date Filed 2-6-53

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Seneca 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.