No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10082

FILED APR 9 1953

BIRTH NO. 15-675 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1609

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND PARK 850
d. STREET ADDRESS (If rural, give location): 8145 HADLEY STREET

3. NAME OF DECEASED (Type or Print)
a. (First): PATRICIA
b. (Middle): T. LYNN
c. (Last): SHARP

4. DATE OF DEATH (Month) (Day) (Year): MARCH 19 1953

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0

8. DATE OF BIRTH: MARCH 18 - 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1 — IF UNDER 24 HRS. Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY - MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: JOSEPH L. SHARP

13b. MOTHER'S MAIDEN NAME: MARY JO MILLER

14. NAME OF HUSBAND OR WIFE: NONE

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

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: JOSEPH L. SHARP 8145 HADLEY STREET OVERLAND PARK KAN.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital absence of

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Interventricular + Ventricular Septum

DUE TO (c) Congenital Heart —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7543

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] 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) m.

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* March 18, 1953, *to* March 19, 1953 *that I last saw the deceased alive on* March 19, 1953, *and that death occurred at* 5:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ralph Perry (Degree or title) M.D.O

23b. ADDRESS 4800 E 24

23c. DATE SIGNED 3-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MAR. 20 1953

24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY

24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 3-20-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: D. W. Newcomer's Sons 1331 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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 Emer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas 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.