

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. **4797**
360278

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 3 YEARS | | e. STREET ADDRESS (If rural, give location) 3602 1/2 ST. JOHN AVENUE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3602 1/2 ST JOHN AVENUE | | | |

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|--|--------------------------|------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) BERTHA | b. (Middle) LOU | c. (Last) SHARMAN | 4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 2, 1953 |
|--|--------------------------|------------------------|--------------------------|--|

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|---|----------------------------------|--|---|--|--|---|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JAN 7 - 1884 | 9. AGE (In years last birthday) 69 | 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) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (City and State or Foreign Country) NEAR FORT SCOTT, KANSAS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME JACOB EZZELL | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE CHARLES J. SHARMAN |
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| 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 CHARLES J. SHARMAN | ADDRESS 3602 1/2 ST. JOHN KANSAS CITY MO |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH NONE |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency | | 3 years |
| | DUE TO (c) Chronic Myocarditis | | 3 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 June, 1951, to 10-2, 1953, that I last saw the deceased alive on 9-26, 1953, and that death occurred at: 4:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE P. A. Kienberger (Degree or title) MD | 23b. ADDRESS 5246 St. John | 23c. DATE SIGNED 10-2-53 |
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|---|---|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | 24b. DATE OCT 5 1953 | 24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| DATE REC'D BY LOCAL REG. 10-5-53 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CROWN KANSAS CITY, MO. | |

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

YS
AUG 27 1959

YS
AUG 25 1959

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.....
Signature of Student Embalmer

Signed.....
Kellie Kessel

Licensed Embalmer No. 4690

P. O. Address K.C.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.