

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38266**

FILED DEC 7 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 313

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Columbia</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lenoir Memorial Home</u> | | e. STREET ADDRESS (If rural, give location) <u>Lenoir Memorial Home</u> <u>0120</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> | b. (Middle) <u>A.</u> | c. (Last) <u>SHARON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1953</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 24, 1888</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Minister</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Minister</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marion, Indiana.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Benton R. Sharon</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Mathias</u> | 14. NAME OF HUSBAND OR WIFE <u>Adelia W. Albers</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred A. Sharon, Columbia, Mo.</u> | ADDRESS _____ |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>3 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from 7-1, 1953, to 12-4, 1953 that I last saw the deceased alive on 10-9, 1953, and that death occurred at 10:30A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>James H. Albee M.D.</u> | 23b. ADDRESS <u>Columbia Mo.</u> | 23c. DATE SIGNED <u>12-4-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Dec. 4, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Marion, Indiana.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 4 1953</u> | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia, Mo</u> | ADDRESS _____ |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Tom M. Harg*

Licensed Embalmer No..... *406*

P. O. Address..... *Columbia*

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.