

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43594**

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4310** Registrar's No. **149**

0610

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Brewer		c. CITY (If outside corporate limits, write RURAL and give township) Brewer 0610	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ethel	c. (Last) Sharr	4. DATE OF DEATH (Month) (Day) (Year) 12-8-53
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-25-79	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Brewer Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John G. Evans	13b. MOTHER'S MAIDEN NAME Adie Dunsler	14. NAME OF HUSBAND OR WIFE Charles Sharr
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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) -	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Chas. Sharr	ADDRESS Brewer 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (or ANTECEDENT CAUSES) Myocardial Degeneration Coronary atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 mos several years
	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"/>
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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 **11/12/53**, to **12-3-53**, that I last saw the deceased alive on **12/2/53**, 1953, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. L. Dunsler D.O.	23b. ADDRESS Macon	23c. DATE SIGNED 12/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-6-53	24c. NAME OF CEMETERY OR CREMATORY East Oakwood Cem.	24d. LOCATION (City, town, or county) (State) Brewer Mo
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DATE REC'D BY LOCAL REG. 12/26/53	REGISTRAR'S SIGNATURE 185-1 Ruth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE H. G. Edwards	ADDRESS Brewer Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 1-7-54
Date Filed 1-7-54

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 J. G. Lewis.....

Licensed Embalmer No. 1961

P. O. Address Lewis 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.