

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4308**

**FILED MAR 5 1954** REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs, MO. 64020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>East End Isley St. Hy 10</b>		d. STREET ADDRESS (If rural, give location) <b>East End Isley St. Hy 10</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>NANCY</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>SHARP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 14, 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 13, 1869</b>
9. AGE (In years last birthday) <b>84</b>		10. KIND OF BUSINESS OR INDUSTRY <b>House Wife</b>	11. BIRTHPLACE (State or foreign country) <b>Rural, Excelsior Springs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>xxxx</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>William Riley Clevenger</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Isabelle Kenyon</b>	14. NAME OF HUSBAND OR WIFE <b>George Henry Sharp, (Dec)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>David Sharp, Isley St. Excelsior Spg</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral hemorrhage</b>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) <b>arteriosclerosis</b> 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 <b>331X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)	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 <u>1/5</u> , 19 <u>54</u> to <u>2/14</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>1/21</u> , 19 <u>54</u> , and that death occurred at <u>7:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Excelsior Springs, Mo.</b>	23c. DATE SIGNED <b>2/22/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Seigel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ray County, MO.</b>
DATE REC'D BY LOCAL REG. <b>2/25/54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Hope Funeral Home, Es. Spgs, MO.</b>	

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 .....  
Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.