

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14849

FILED MAY 17 1954.

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER	c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN BUTLER	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION APT. ON EAST SIDE SQUARE			
3. NAME OF DECEASED (Type or Print) a. (First) ALMA		b. (Middle) GERTRUDE	
		c. (Last) THARP	
		4. DATE OF DEATH (Month) (Day) (Year) May 5 54	

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 25 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 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) Bates Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ABRAHAM BROWN	13b. MOTHER'S MAIDEN NAME EMMA MINNICK	14. NAME OF HUSBAND OR WIFE WALTER P. THARP
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FRED COOPER * K.C. MISSOURI

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	DUE TO (b) Sudden death.		3 hours
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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"/>
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) 4201	
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 May 4, 1954 to May 5, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carter W. Kute M.D.	23b. ADDRESS Prof. Bldg. Butler Missouri	23c. DATE SIGNED 5/7/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/8/54	24c. NAME OF CEMETERY OR CREMATORY OAKHILL CEMETERY
		24d. LOCATION (City, town, or county) (State) BUTLER BATES CO. MO.

DATE REC'D BY LOCAL REG. May 7-54	REGISTRAR'S SIGNATURE Kendall Kury	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CULVER UNDERWOOD * BUTLER MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
10. 48

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

Robert G. Steinbuck
~~*John G. Henderson*~~

Licensed Embalmer No. ~~4657~~ ~~358~~

P. O. Address BUTLER MISSOURI

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.