

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16289

State File No. ....

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	d. Is 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) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>2401 Norwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>		2000	
3. NAME OF DECEASED a. (First) <u>Lucy</u>		b. (Middle) <u>L.</u>	
c. (Last) <u>Sharper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1954</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 2, 1869</u>
9. AGE (In years less birthday) <u>85</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cass County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Marcus R. Bullock</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda J. Cochran</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Sharper (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Leslie, Independence, Mo.</u>		ADDRESS	
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: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Block + Hemorrhage usually from fractured skull</u> ANTECEDENT CAUSES 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. <u>E9000</u> <u>21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Jackson Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-15-54 1:12</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell down basement steps</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:35A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Geo. C. Benson, M.D., Public Health Officer</u>		23b. ADDRESS <u>6050 Broadway St. Emp.</u>	
23c. DATE SIGNED <u>5-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5-15-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Garden City</u>		24d. LOCATION (City, town, or county) (State) <u>Garden City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-15-54</u>		REGISTRAR'S SIGNATURE <u>James S. Craig</u> 354	
FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Benson</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 *Howard E. Simpson*  
7  
Licensed Embalmer No. *4*  
*702 Chestnut St*  
P. O. Address *.../.../...*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.