

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21220**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>730</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) township) <b>73 yrs.</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2910 Sylvania Street</b>				f. STREET ADDRESS (If rural, give location) <b>2910 Sylvania Street</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ALLIE</b>		b. (Middle) <b>MAY</b>		c. (Last) <b>PUMPHREY</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<b>July</b>		<b>12</b>		<b>1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>October 8, 1879</b>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 1 HR.			
<b>75</b>		Months		Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Huntsville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Francis M. Sharp</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Bibb</b>		14. NAME OF HUSBAND OR WIFE <b>Jonah W.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Allene Pumphrey, 2910 Sylvania St.</b>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure with pneumonia</b> St. Joseph, Mo. INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ASHD, General debilitation</b> DUE TO (c) <b>Diabetes mellitus</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>260x</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 <b>July 11</b> , 19 <b>55</b> , to <b>July 12</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>July 11</b> , 19 <b>55</b> , and that death occurred at <b>3:15P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Chas. J. Richter, M.D.</b>				23b. ADDRESS <b>507 Corby Bldg., St. Joseph, Mo.</b>		23c. DATE SIGNED <b>7-21-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 15, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 21, 1955</b>		REGISTRAR'S SIGNATURE <b>Eather M. Allison</b>		48.5-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Beaman</b>	
						ADDRESS <b>Funeral Home, St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Richard D. Collins*.....

Licensed Embalmer No. *495*.....

P. O. Address *St. Joseph*.....

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.