

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 26 1955

1003 Registrar's No. 6991

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6991</b>				
1. PLACE OF DEATH a. COUNTY <b>Illinois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Franklin</b>						
b. CITY (If outside corporate limits, write RURAL and give town or town) <b>Mt. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Ziegler</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>Firmin Desloge Hospital</b>				STREET ADDRESS (If rural, give location) <b>210 Beaumont</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Doris</b>			b. (Middle)		c. (Last) <b>Sharp</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8/10/55</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>2/6/1909</b>		9. AGE (In years last birthday) <b>46</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: 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>Illinois</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John C. Keith</b>			13b. MOTHER'S MAIDEN NAME <b>Mae Ashbey</b>			14. NAME OF HUSBAND OR WIFE <b>Fred Sharp</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Fred Sharp Ziegler, Illinois</b>			ADDRESS		
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) <b>Carcinoma Cervix Uteri</b>						<b>15 Mo</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelonephritis Bilateral. 3 Mo</b>								
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>171x</b>								
19a. DATE OF OPERATION <b>Jan 55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Inoperable Metastatic Carcinoma Cervix</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) (m.)		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>June 1954</b> to <b>Aug 9 1955</b> , that I last saw the deceased alive on <b>Aug 9 1955</b> , and that death occurred at <b>6:00am</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>J. Earl Smith M.D.</b> (Degree or title)				23b. ADDRESS <b>Univ Club Bldg.</b>				23c. DATE SIGNED <b>Aug 10 1955</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/10/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ziegler</b>		24d. LOCATION (City, town, or county) (State) <b>Ziegler, Illinois</b>				
DATE REC'D BY LOCAL REG. <b>AUG 10 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schnur</b>			ADDRESS <b>3125 Lafayette Ave.</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 .....  
Signature of Student Embalmer

Signed

*John Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.