

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39749

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1329

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

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 or township) <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>30 years</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #2</b>		e. STREET ADDRESS (If rural, give location) <b>1414 Charles</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>L.</b> c. (Last) <b>SHARP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 11, 1955</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 17, 1876</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Packing Company</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Platte County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Jacob Sharp</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Barnes</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie</b>
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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>487-09-1010</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C. L. Sharp, 1414 Charles, St. Joseph, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Paresis</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Psychotic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years +</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 12-10, 19 55, to 12-11, 19 55, that I last saw the deceased alive on 12-10, 19 55, and that death occurred at 2:45a. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>George M. D.</b>	23b. ADDRESS <b>State Hospital #2, City</b>	23c. DATE SIGNED <b>12-11-1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12/13/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sugar Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Buchanan County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec 21, 1955</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485 25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton - Bowman</b>	ADDRESS <b>St. Joseph, Mo.</b>
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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. Ellis* .....

Licensed Embalmer No. *495*  
*319 So. 10th St.*  
P. O. Address *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.