

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31306**

FILED OCT 1 - 1956

BIRTH NO. _____		REG. DIST. NO. <b>179</b>		PRIMARY REG. DIST. NO. <b>5667</b>		Registrar's No. <b>112</b>							
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Lincoln</b>					
b. CITY OR TOWN <b>Rural (Bedford)</b>		c. LENGTH OF STAY (in this place) <b>3 days</b>		c. CITY OR TOWN <b>Hawk Point Mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>4 mi. N.W. of Hawkpoint Mo.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>HORACE</b>			b. (Middle) <b>SREELY</b>			c. (Last) <b>SHARP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 25 1956</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>July 20, 1881</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HRS. Days <b>5</b>	Hours <b></b>	Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Tipton Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Bailey Sharp</b>				13b. MOTHER'S MAIDEN NAME <b>Elizabeth Jones</b>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Goldner Samuelson</b>						ADDRESS <b>Caseyville Ill.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute hemorrhagic gastric carcinoma</b>								INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>carcinoma</b>								DUE TO (b) <b></b>	
				DUE TO (c) <b></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>151X</b>										20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Aug 28, 1956</b> , to <b>Sept 25, 1956</b> that I last saw the deceased alive on <b>Sept 25, 1956</b> and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <b>H. F. Kelley</b>						23b. ADDRESS <b>P. O. Troy Mo</b>			23c. DATE SIGNED <b>9-27-56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 27, 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hawkpoint Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Hawkpoint Mo.</b>							
DATE REC'D BY LOCAL REG. <b>9-29-56</b>		REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Wayne M &amp; Coy Troy Mo</b>						ADDRESS	

(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..... *D. W. McCoy* .....

Licensed Embalmer No. *3586*

P. O. Address *Troy Mo.*

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.