

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

329336

FILED OCT 2 1956

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 93

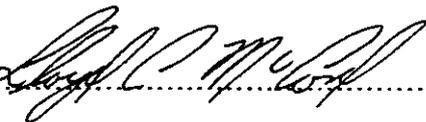
1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Vernon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> TOWN <i>Washington Twp</i>		c. CITY OR TOWN <i>walker</i> 1080 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp No 3 - 45th & 9th dep</i> Length of stay (in 72 hrs)		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Walter</i> Middle <i>-</i> Last <i>Sharp</i>		4. DATE OF DEATH Month <i>Sept</i> Day <i>20</i> Year <i>1956</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 17 - 1880</i>
9. AGE (In years last birthday) <i>76</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	
11. BIRTHPLACE (City and state or country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Sharp</i>		14. MOTHER'S MAIDEN NAME <i>Sarah J. Hughes</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>unknown</i>	
17. INFORMANT <i>records, State Hosp No 3, Nevada Mo</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>4500</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Dementia praecox - Haloperidol type</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>none</i>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. <i>none</i>		Month, Day, Year <i>none</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>	
20f. CITY, TOWN, OR LOCATION <i>none</i>		COUNTY STATE	
21. I attended the deceased from <i>Oct 24 '53</i> to <i>Sept 20 1956</i> and last saw ^{him} alive on <i>Sept 20/56</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Walter Haggard M.</i> (Degree or title)		22b. ADDRESS <i>State Hosp No 3 Nevada</i>	
22c. DATE SIGNED <i>9/20/56</i>			
23a. BURIAL, CREATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE 9-24-56	
23c. NAME OF CEMETERY OR CREMATORY <i>Harwood</i>		23d. LOCATION (City, town, or county) (State) <i>Harwood Mo</i>	
24. FUNERAL DIRECTOR <i>Richard L. Huter, Nevada No 3</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>9-28-'56</i>	
26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>			

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 

Licensed Embalmer No. 48

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.