

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43906
STATE FILE NUMBER

FILED DEC 17 1957

Registration District No. 96 Primary Registration District No. 5347 Registrar's No. 101

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>North Benton</u>		c. CITY OR TOWN <u>Buffalo, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Buffalo, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Buffalo, Mo.</u>	

3. NAME OF DECEASED (Type or print) First <u>Virgil</u> Middle <u>-</u> Last <u>Sharp</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>10,</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/18/1889</u>	9. AGE (In years) IF UNDER YEAR IF UNDER 24 HRS. last birthday Months <u>6</u> Days <u>8</u> Hours <u>22</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Alford Sharp</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sharp</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Sarah Sharp</u>		Address <u>Buffalo, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
DUE TO (b) <u>Arterio sclerosis</u>			
DUE TO (c) <u>-</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			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.) <u>-</u>		
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a.m. <u>-</u> p.m. <u>-</u>			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY <u>-</u> STATE <u>-</u>	

21. I attended the deceased from <u>1947</u> to <u>28 Nov 57</u> and last saw her/him alive on <u>28 Nov 57</u> Death occurred at <u>9 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>O A Griffin MD</u>		22b. ADDRESS <u>Buffalo Mo</u>		22c. DATE SIGNED <u>12 Dec 57</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/12/1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Northgrove Funeral Home Buffalo, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12/16/57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Grace Petrea</u> <i>by SA</i>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

80

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 *Lelyde Montgomery*

Licensed Embalmer No. *3592*
P. O. Address *Buffalo, 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.