

FILED APR 7 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 47747

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (In the last year) <u>1 1/2</u>		c. CITY OR TOWN <u>Neosho</u>		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 <u>912 Freeman Road</u>				e. STREET ADDRESS (If rural, give location) <u>912 Freeman Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Anna</u> c. (Last) <u>Sharp</u>			4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>3</u> (Year) <u>1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 26, 1868</u>	
9. AGE (In years last day) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Daniel Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unlisted) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Violet Wilson</u> ADDRESS <u>Neosho, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia unspecified</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of ribs in fall from bed</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9020</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21</u>		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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho, Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Fell out of Bed</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct-26-1897</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>11-1-</u> , 19 <u>57</u> , to <u>11-3-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11-1-</u> , 19 <u>57</u> , and that death occurred at <u>9:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Warren M. Jones</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Neosho, Mo</u>		23c. DATE SIGNED <u>11-9-57</u>	
24a. BURIAL, CREMATION, REVEL (Specify)		24b. DATE <u>Nov. 5, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Green Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boulder City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-58</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u> ADDRESS <u>Neosho, Mo.</u>			

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

RECEIVED

District Health Officer No. *Newton*  
District File Number *358-70*  
Date Filed *MAR 31 1958*

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 *Fred L. Clark*, Student Embalmer No. *556* working under my personal supervision:

Student *Fred L. Clark*  
Signature of Student Embalmer

Signed *Marcellen Truckart*  
Licensed Embalmer No. *4466*  
*915 Kentland Ave.*  
P. O. Address *Peaslee, Pa.*

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.