

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024750

STATE FILE NUMBER

5136 Registrar's No. 429

FILED JUL 17 1958

Registration District No. 43 Primary Registration District No.

Health,  
& Welfare  
Public  
Service  
20  
S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Poplar Bluff</b>		c. CITY OR TOWN <b>Poplar Bluff 0120</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural Route 5</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route 5</b>	
3. NAME OF DECEASED (Type or print) First <b>Abe</b> Middle <b>Sharkey</b> Last <b>Sharkey</b>		4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1958</b>	
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>about 80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Mississippi</b>	
13a. FATHER'S NAME <b>Elige Sharkey</b>		14. NAME OF HUSBAND OR WIFE <b>Pearlie Sharkey</b>	
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>X</b>	
17. INFORMANT <b>Pearlie Sharkey</b>		Address <b>Poplar Bluff, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ischemic -</b> <b>Thromboses</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Ischemic -</b> <b>Thromboses</b> DUE TO (c) <b>Portotic Obstruction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 sec</b> <b>3 sec</b> <b>?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>610X</b>			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>7 Feb 1957</b> to <b>27 Jun 58</b> and last saw him alive on <b>17 Jun 58</b> Death occurred at <b>4:11 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Thomas Brown MD</b>		22b. ADDRESS <b>321 Oak Poplar Bluff, Mo.</b>	
22c. DATE SIGNED <b>7 Jul 58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-26-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Homestown Cemetery</b>		23d. LOCATION (City, town, or county) <b>Wardell, Mo.</b>	
24. FUNERAL DIRECTOR <b>Osburn Funeral Home, Wardell, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7/12/58</b>	
26. REGISTRAR'S SIGNATURE <b>R. M. ...</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

RECEIVED

JUL 14 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_

*James A. Johnson*

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.