

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

58-025129  
STATE FILE NUMBER

FILED AUG 6 1958

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>Gentury</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> COUNTY <u>Gentury</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stanherry</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Stanherry</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. High St</u>		d. STREET ADDRESS (If outside, give location) <u>N. High St.</u>	
3. NAME OF DECEASED (Type or print) <u>Mrs. ELZING SHARP</u>		4. DATE OF DEATH Month Day Year <u>JULY 25-1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY-15-1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>Gentury County MO</u>
13a. FATHER'S NAME <u>John Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Wilson (deceased)</u>	14. NAME OF HUSBAND OR WIFE <u>(deceased)</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>NONE</u>	17. INFORMANT Address <u>Mrs. Bantley Bailey Stanherry 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>Arteriosclerotic and hypertensive heart disease</u> DUE TO (b) <u>unknown</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
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>4200</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Oct. 14, 1952</u> to <u>July 25, 1958</u> and last saw her alive on <u>7-25-58</u> Death occurred at <u>4:20 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>Albert L. Carlin M.D.</u>		22b. ADDRESS <u>Stanherry, Mo</u>	
22c. DATE SIGNED <u>7-25-58</u>		22d. DATE RECD. BY LOCAL REG.	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/27/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Stanherry MO</u>	
24. EMPLOYER'S DIRECTOR ADDRESS <u>Phillips Montway Stanherry Mo</u>		25. REGISTRAR'S SIGNATURE <u>Mrs. A.W. Bare</u>	

Color, contour, 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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

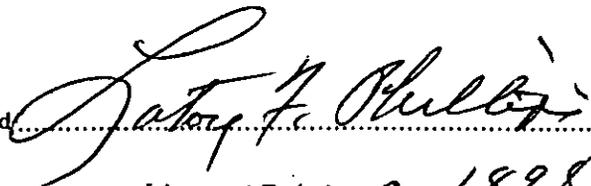
~~by me, or by~~ ..... ~~Student Embalmer No.~~ .....

~~working under my personal supervision.~~

Student .....

Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 1898

P. O. Address Southern

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.