

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028550

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hardin</u> <u>0890</u> <u>0</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>101 Linden</u>		Length of stay in 1b <u>17 months</u>	d. STREET ADDRESS (If outside, give location) <u>101 Linden</u>

3. NAME OF DECEASED (Type or print) First <u>Sophia</u> Middle <u>Catherine</u> Last <u>Sharp</u>			4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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 13, 1865</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Sweden</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>August Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Christina</u>	14. NAME OF HUSBAND OR WIFE <u>Anderson-Sharp</u>
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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.	17. INFORMANT Address: <u>Phillip Sharp, Excelsior Springs, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Multiple Cerebral Thromboses 332X</u>		<u>1 year</u>
DUE TO (c) <u>Arteriosclerosis (Atherosclerosis)</u>		<u>Years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <u>Senility &amp; General Paralysis Dementia</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.)
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20c. TIME OF INJURY Hour <u>    </u> Month <u>    </u> Day <u>    </u> Year <u>    </u> a.m. <u>    </u> p.m. <u>    </u>
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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 <u>Excelsior Springs, Mo.</u>	COUNTY <u>    </u> STATE <u>    </u>
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21. I attended the deceased from 8/25/57 to 7-14-58 and last saw her alive on 7-12-58  
Death occurred at      on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>Lucius B. Robinson M.D.</u>	(Degree or title)	22b. ADDRESS <u>Excelsior Springs, Mo.</u>	22c. DATE SIGNED <u>14 July 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-15, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Garden Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>
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24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8/6/58</u>	26. REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>
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All deaths 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 *Ralph Van Lendingham*

Licensed Embalmer No. *11009*  
P. O. Address *Palmer Springs, 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.