

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029579  
STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 160

S. 300  
ev. 1-57  
0570  
0

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bear Creek</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Bear Creek Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lincoln County Hospital</b>		Length of stay in lb <b>4 days</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Virginia</b> Middle <b>Jane</b> Last <b>Sharp</b>			4. DATE OF DEATH Month <b>August</b> Day <b>28</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 20, 1868</b>		9. AGE (In years) Last birthday <b>90</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> IF UNDER 24 HRS.: Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Montgomery County Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James E. Sharp</b>		13b. MOTHER'S MAIDEN NAME <b>Sharp</b>	
14. NAME OF HUSBAND OR WIFE <b>None</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>None</b>	
17. INFORMANT <b>Mrs. Lester W. Law</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>Medullary Paralysis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Thromboses</b> DUE TO (c) <b>Atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 Days</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 <b>9:30</b> Month <b>Aug</b> Day <b>28</b> Year <b>58</b> a.m. <b>pm</b>		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 <b>Troy, Mo</b>		20g. COUNTY <b>Montgomery</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>8/24/58</b> to <b>8/28/58</b> and last saw her/him alive on <b>8/28/58</b> Death occurred at <b>930 Amy</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Leonard August Troy, Mrs</b> (Degree or title)				22b. ADDRESS <b>Troy, Mo</b>	
22c. DATE SIGNED <b>8/28/58</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>August 30, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery</b>	
23d. LOCATION (City, town, or county) <b>High Hill, Missouri</b>		23e. STATE <b>Missouri</b>		23f. COUNTY <b>Montgomery</b>	
24. FUNERAL DIRECTOR <b>Schlanker Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>8-28-58</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>	

(Licensed Embalmer's Statement on Reverse Side)

57  
0

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 *E. Boone Schlanke* .....

Licensed Embalmer No. *4136* .....

P. O. Address *Montgomery City* .....

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.