

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033698
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 273 Primary Registration District No. 305 Registrar's No. 108

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|---|----------------------------------|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Perry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Patton | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp. | | Length of stay in 1b 2 Days | d. STREET ADDRESS (If outside, give location) Rural Rte #1 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Lona Middle J Last Sharrock | | | 4. DATE OF DEATH Month Sept. Day 27 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 22, 1904 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months 0 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Bollinger Co. Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME James R. Fulton | | 13b. MOTHER'S MAIDEN NAME Rosa Fadler | |
| 14. NAME OF HUSBAND OR WIFE Noah Sharrock | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 496-38-9115 | |
| 17. INFORMANT Noah Sharrock | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinomatosis DUE TO (c) adenocarcinoma of Breast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 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 10:20A 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 Patton | | 20g. COUNTY Mo. | | 20h. STATE Mo. | |
| 21. I attended the deceased from Sept 25, 1958 to Sept 27, 1958 and last saw her alive on Sept 27, 1958 Death occurred at 10:20A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Stanley Regner M.D. | | (Degree or title) | | 22b. ADDRESS Perryville Mo | |
| 22c. DATE SIGNED 9/29/58 | | 22d. SIGNATURE Stanley Regner M.D. | | (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept. 29 1958 | | 23c. NAME OF CEMETERY OR CREMATORY Patton Cemetery | |
| 23d. LOCATION (City, town, or county) Patton | | 23e. COUNTY Mo. | | 23f. STATE Mo. | |
| 24. FUNERAL DIRECTOR Young & Sons Perryville Mo | | ADDRESS 301 1/2 S. 1st St | | 25. DATE REC'D. BY LOCAL REG. 9/30/58 | |
| 26. REGISTRAR'S SIGNATURE John J. Zoller | | (Licensed Embalmer's Statement on Reverse Side) | | | |

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

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 *[Handwritten Signature]*

Licensed Embalmer No. *2138*

P. O. Address. *[Handwritten Address]*

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.