

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009222

STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN West Plains ⁰⁴⁶¹ 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		Length of stay in lb 6 yrs	d. STREET ADDRESS 315 So Hill St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lillie Middle Jane Last Sharp			4. DATE OF DEATH Month Mar. Day 20, Year 1959
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. 6, 1882
9. AGE (In years at birthday) 77		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Oregon County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Franklin Taylor	
13b. MOTHER'S MAIDEN NAME Elizabeth Matthews		14. NAME OF HUSBAND OR WIFE Ornie Jessie Sharp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, per unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mo. Mrs. Ed. Lee, 315 So. Hill, W. Plains,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paralysis Agitans DUE TO (c) Osteoarthritis - Senile Dementia			INTERVAL BETWEEN ONSET AND DEATH 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 2-29-7-52 to 20-3-59 and last saw her alive on 20-3-59 Death occurred at 1 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS West Plains, Mo.	22c. DATE SIGNED 2/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Mar. 22, 1959	23c. NAME OF CEMETERY OR CREMATORY Baptist Hill Cem.	23d. LOCATION (City, town, or county) (State) Ozark County, Missouri
24. FUNERAL DIRECTOR Palmer Center		ADDRESS CENTER FUNERAL HOME WEST PLAINS, MO.	25. DATE RECD. BY LOCAL REG. 3-24-59
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MADE 9 1 1958

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 *Hal Thompson*

Licensed Embalmer No. *3408*
P. O. Address. *W. Plains*

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.