

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018267  
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 165 Primary Registration District No. 5602 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RFD Holden, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN RFD Holden, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 Mi S.E. Length of stay in lb 50 yrs.		d. STREET ADDRESS (If outside, give location) 8 Mi. S .E. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Clara May Sharp			4. DATE OF DEATH Month Day Year May 12, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 25, 1865	9. AGE (In years last birthday) 94	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cadiz, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Jenkins	13b. MOTHER'S MAIDEN NAME Carlotta Sergent	14. NAME OF HUSBAND OR WIFE Joseph P. Sharp (deceased)
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Archie Sharp, RFD Holden, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Gen Arteriosclerosis 4221		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from Feb. 1956 to May 1959 and last saw her alive on May 12, 1959. Death occurred at 4:15 PM May 12, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kelly Rawlins M.D. (Degree or title)	22b. ADDRESS Holden Mo	22c. DATE SIGNED 5/12/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 14, 1959	23c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery	23d. LOCATION (City, town, or county) RFD, Holden, Mo. (State)
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24. FUNERAL DIRECTOR E B CAST HOLDEN MO ADDRESS	25. DATE RECD. BY LOCAL REG. 5/18/59	26. REGISTRAR'S SIGNATURE
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *EB Best* .....

Licensed Embalmer No. *4059* .....

P. O. Address *Halden, N.H.* .....

**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.**