

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021693
STATE FILE NUMBER
2715

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1309 MADISON | | d. STREET ADDRESS (If outside, give location) 1309 MADISON | |

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|--|---------------------------|---|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WESLEY SHARP | | | 4. DATE OF DEATH Month Day Year JUNE 1, 1959 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH SEP 27, 1928 | | 9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. 35 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY MASONARY | | 11. BIRTHPLACE (City and state or country) MO. U.S.A. | | |
| 13a. FATHER'S NAME EDGAR SHARP | | 13b. MOTHER'S MAIDEN NAME ZHERSA PERRY | | 14. NAME OF HUSBAND OR WIFE | | |
| 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. 467-28-722 | | 17. INFORMANT ED SHARP, 500 E 73 RD ZEPH, NORTH Address: R.C. 16, MO | | |

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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) Acute asphyxiation | | INTERVAL BETWEEN ONSET AND DEATH min. |
| DUE TO (b) Status epilepticus | | hrs. |
| DUE TO (c) | | |
| 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 type="checkbox"/> |

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|---|--|--|--|---|--|
| 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 a.m. Month, Day, Year p.m. | | | | | |
| 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 May 15, 1959 to June 1, 1959 and last saw him alive on June 1, 1959 Death occurred at 1309 Madison St. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Charles Glass D.O. 2 | | 22b. ADDRESS 808 West 17 St | | 22c. DATE SIGNED 6/2/59 | |

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|--|--|---------------------|-------------------|--|--|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE 6-1-59 | | 23c. NAME OF CEMETERY OR CREMATORY SANDEL | | 23d. LOCATION (City, town, or county) (State) POLO MISSOURI | | |
| 24. FUNERAL DIRECTOR JARMAN FUNERAL HOME, MO. | | | ADDRESS LAWSON | | 25. DATE RECD. BY LOCAL REG. 6-2-59 | | 26. REGISTRAR'S SIGNATURE New Marshall | |

(Licensed Embalmer's Statement on Reverse Side)

Charles Glass 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 *Relfh Van Lendinghem*

Licensed Embalmer No. *4209*

P. O. Address *Walsin Springs*

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.