

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 0 1960

-60-005543
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 51

EMDEED

1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u> Length of stay in 1b <u>2 days</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Kansas City Memorial Hospital</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City Mo</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. STREET ADDRESS (If outside, give location) <u>1309 Madison</u> Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First <u>EDGAR</u> Middle Last <u>SHARP</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>28</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 29 '91</u>	9. AGE (last Birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>brick mason</u>		11. BIRTHPLACE (City and state or country) <u>Nicholls Co Mo</u>			
13a. FATHER'S NAME <u>James Sharp</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-L. MYGEE</u>		14. NAME OF HUSBAND OR WIFE <u>Terese Perry Sharp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>446-07-8203</u>		17. INFORMANT <u>Ed Sharp</u> Address <u>77 N.C. Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>5+ years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebrovascular Accident</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____							
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.) <u>Sept 1959</u>		20f. CITY, TOWN, OR LOCATION <u>Feb 1960</u> COUNTY STATE			
21. I attended the deceased from <u>Sept 1959</u> to <u>Feb 1960</u> and last saw her/him alive on <u>2-27-60</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Bernard H. Mullins M.D.</u>			22b. ADDRESS <u>1806 Swift St. Jackson Mo</u>		22c. DATE SIGNED <u>2-28-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar 1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sandals Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ray Co Mo</u>		
24. FUNERAL DIRECTOR <u>Garman Funeral Home</u> ADDRESS <u>Lawson Mo</u>			25. DATE RECD. BY LOCAL REG. <u>2-29-60</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 10 1960

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 Ludell Jarman

Licensed Embalmer No. 4589
P. O. Address Cook's Springs 70

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.