

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-046336**

**FILED VS JAN 11 1961 149**

Registration District No. \_\_\_\_\_ Primary Registration District No. 1022 Registrar's No. 6071

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo.</u>		c. CITY OR TOWN <u>Prairie Village</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>7112 Mission Road</u>	

3. NAME OF DECEASED (Type or print) First <u>Mildred</u> Middle _____ Last <u>Sharp</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1960</u>	
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5. SEX <u>Female</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>10-14-1879</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____	IF UNDER 24 HR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Delaware, Ohio</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Solomon Shoemaker</u>	13b. MOTHER'S MAIDEN NAME <u>Annaal Watten</u>	14. NAME OF HUSBAND OR WIFE <u>Frank B. Sharp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>J.R. Brown 7112 Mission Rd. P.O. Kans.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		<u>8M'</u>
DUE TO (b) <u>Coronary atherosclerosis</u>		<u>5 years</u>
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 3 June 1956 to 3 Dec 1960 and last saw her him alive on 3 Dec 1960  
Death occurred at 2:40 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Blair Z. Hibbard D</u>	22b. ADDRESS <u>411 Nicholas Rd KCMO</u>	22c. DATE SIGNED <u>3 Dec 1960</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-3-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Hill Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Jordan Ohio</u>
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24. FUNERAL DIRECTOR <u>C.P. Amos</u>	ADDRESS <u>10901 Johnson Ave</u>	25. DATE RECD. BY LOCAL REG. <u>12-3-60</u>	26. REGISTRAR'S SIGNATURE <u>H-L-Dwyer</u>
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Shannon Kama Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Blair Z. Hibbard

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee,

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.