

OUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009526

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 5598 Registrar's No. 41

AMENDED

FILED MAR 20 1961											
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 Centerview twp.				Length of stay in 1b 15 yrs		c. CITY OR TOWN Centerview				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION					Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. #2				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First THEODORE Middle JOHN Last SHARP						4. DATE OF DEATH Month March Day 12 Year 1961					
5. SEX Male		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 1/25/1904		9. AGE (last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and state or country) Magnolia, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William Sharp				13b. MOTHER'S MAIDEN NAME Mary Frances Katzer				14. NAME OF HUSBAND OR WIFE Blondena Sharp			
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.		17. INFORMANT Address William Sharp, Centerview, Mo.					
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mycobacterial Infection DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH DOA	
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m.		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.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at night-time unknown on the date stated above, and to the best of my knowledge, from the causes stated. pronounced dead 9:30											
22a. SIGNATURE D. Falmer M.D.						22b. ADDRESS Warrensburg, Mo.			22c. DATE SIGNED 3-13-61		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/14/61		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill				23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.			
24. FUNERAL DIRECTOR Cook Funeral Home, Chilhowee, Mo.					25. DATE RECD. BY LOCAL REG. Mar. 13, 1961		26. REGISTRAR'S SIGNATURE Suzannah Crutchfield				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

J. W. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhoway T

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.