

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018359
STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kidwell Rest home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Versailles Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Versailles Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Rosa Lee Sharples
4. DATE OF DEATH Month Day Year
May 16 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 11-16-80 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping 11. BIRTHPLACE (City and state or country) Barnett, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Bond Sharples 13b. MOTHER'S MAIDEN NAME Nancy Strong 14. NAME OF HUSBAND OR WIFE None

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 Ethel Compton Barnett, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolus INTERVAL BETWEEN ONSET AND DEATH Sudden
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) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1952 to May 16, 1961 and last saw her alive on 5-16-1961
Death occurred at 10:05A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (If nurse or title) Ray Fyfe, M.D. 22b. ADDRESS Versailles, Mo. 22c. DATE SIGNED 5-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 18, 1961 23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery 23d. LOCATION (City, town, or county) (State) Morgan County Mo.

24. FUNERAL DIRECTOR ADDRESS Sevivan Stevenson, Versailles, Mo. 25. DATE RECD. BY LOCAL REG. 5-20-61 26. REGISTRAR'S SIGNATURE J L Washburn

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Jane R. Scrum

Licensed Embalmer No. 4880

P. O. Address Vermont, Vt.

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.