

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033491

STATE FILE NUMBER

AMENDED Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 87

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mount Vernon</u> | | Length of stay in 1b <u>3 days</u> | c. CITY OR TOWN <u>Fredericktown</u> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>301 Morley</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>L.</u> Last <u>Sharp</u> | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>1,</u> Year <u>1961</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>9-26-84</u> |
| 9. AGE (last birthday) <u>77</u> | | 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) <u>Retired MINER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>MINING</u> | 11. BIRTHPLACE (City and state or country) <u>Madison county</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Thomas Benton Sharp</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Alma King</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rosie C.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT <u>Self</u> Address <u>same</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>Acute Coronary Occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> |
| DUE TO (b) <u>Generalized Arteriosclerosis</u> | | | <u>unknown</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) <u>Arteriosclerotic cardiovascular disease</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 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 <u>Sept. 28, 1961</u> to <u>Oct. 1, 1961</u> and last saw <u>him</u> alive on <u>Oct. 1, 1961</u> Death occurred at <u>3:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Donald R. Wilson MD</u> (Degree or title) | | 22b. ADDRESS <u>Mo. State Sanatorium, Mt. Vernon</u> | 22c. DATE SIGNED <u>10-1-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>10-3-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo</u> |
| 24. FUNERAL DIRECTOR <u>Adams-on-Webb</u> ADDRESS <u>Fredericktown Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-2-61</u> | 26. REGISTRAR'S SIGNATURE <u>Bina Shelton Deputy</u> |

OCT 10 1961

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 William B. Cantrell
X

Licensed Embalmer No. 4820
P. O. Address Republic, Mo

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.