MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015610
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 39

FILED MAY 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
17	000		
27	004		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	X		
10			
11	700		
12	91-3		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Prairie Twp. — Length of stay in 1b: 000000
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 71 By-Pass & 150 Hi-Way — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Lee's Summit — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 505 Lynn — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Clyde Middle: ----- Last: Sharp

4. DATE OF DEATH: Month: April Day: 24 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 6, 1918
9. AGE (last birthday): 43
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): Partner
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (City and state or country): Etowah, Ark.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John B. Sharp
13b. MOTHER'S MAIDEN NAME: Vina Mace
14. NAME OF HUSBAND OR WIFE: Grace Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: Grace Sharp, Address: Lee's Summit, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Crushed Skull. Burns Body
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Trunk
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Nistagus Inspectum

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.) Car & Truck Collision

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 4-24-62

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.): Highway
20f. CITY, TOWN, OR LOCATION: Jackson COUNTY: STATE: MO

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dwight H. Owens Coroner
22b. ADDRESS: 152 Union Station
22c. DATE SIGNED: 4-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 26, 1962
23c. NAME OF CEMETERY OR CREMATORY: Lee's Summit Cemetery
23d. LOCATION (City, town, or county): Lee's Summit, Mo. (State): Missouri

24. FUNERAL DIRECTOR: Langsford Funeral Home, Lee's Summit
25. DATE RECD. BY LOCAL REG.: 4/25/1962
26. REGISTRAR'S SIGNATURE: N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1962

MAY 4 1962

MAY 10 1962

US MAR 9 1962

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 N. B. Langsford

Licensed Embalmer No. 4962

P. O. Address Lee's Summit 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.