MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-010557
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

FILED MAR 27 1963

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 391

VS 300 Rev. 4/59

1	5117
2	0440
3	
4	0
5	2
6	
7	0
8	2
9	9217
10	46
11	131
12	93-0
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph, Missouri — Length of stay in 1b: 5 mos. 11 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): STATE HOSPITAL NUMBER 2 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Holt
c. CITY OR TOWN: Craig, Missouri — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Asa Middle: Orville Last: Sharp
4. DATE OF DEATH: Month: March Day: 22 Year: 1963
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan. 21/83
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months 2 Days 1 — IF UNDER 24 HR: 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: Farming
11. BIRTHPLACE (City and state or country): Craig, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Arch Sharp
13b. MOTHER'S MAIDEN NAME: Sarah (?)
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [redacted]
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records-State Hosp. #2 Address: St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Strangulation and Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): aspiration of food
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 a.m. p.m. Month, Day, Year
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 January 8, 1963, to March 22, 1963 and last saw ~~her~~ him alive on March 22, 1963
Death occurred at 12:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Manson B. Pettit M.D.
22b. ADDRESS: St. Joseph, Missouri
22c. DATE SIGNED: March 22 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial & removal
23b. DATE: 3/25/63
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
23d. LOCATION (City, town, or county) (State): Craig, Mo

24. FUNERAL DIRECTOR — ADDRESS: Wilber L. Schooler - Craig, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 22 1963
26. REGISTRAR'S SIGNATURE: Mrs. Clara Goodell

M.B. Pettit M.D.

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 3-22-63

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 Myself, Student Embalmer No: _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, 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.