

BIRTH NO. _____		REG. DIST. NO. 4448		PRIMARY REG. DIST. NO. 6024		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY <i>Ray county</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Ray</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Pals</i>		c. LENGTH OF STAY (If this place) <i>Life</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Pals</i>		d. STREET ADDRESS (If rural, give location) <i>0890</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Carrie</i> b. (Middle) <i>May</i> c. (Last) <i>Sharp</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 27-1957</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 21-1879</i>		9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months <i>5</i>	IF UNDER 24 HRS Days <i>4</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Caldwell Co. Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Jesse Pallard</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Langston</i>		14. NAME OF HUSBAND OR WIFE <i>Martin Sharp</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Toni Bryan W. Sharp Lathrop Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i> ANTECEDENT CAUSES <i>Chronic myocardial Failure</i> DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Obesity, & Edema</i> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i> <i>3 yrs</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4201</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Elmira Ray Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1950</i> , to <i>Jan 27, 1957</i> , that I last saw the deceased alive on <i>Jan 17, 1957</i> , and that death occurred at <i>8:00 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Walter G. Buehler M.D.</i>				23b. ADDRESS <i>Lansdown Mo.</i>		23c. DATE SIGNED <i>1/30/57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1-31-1957</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Elmira Mo. Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Elmira Mo Mo</i>		
DATE REC'D BY LOCAL REG. <i>Feb 4-1957</i>		REGISTRAR'S SIGNATURE <i>Malcol Jackson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alpaugh & Cowley Pals Mo</i>			

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
Student Embalmer

Signed Erwin L. Howland

Licensed Embalmer No. 4924

P. O. Address Polo, 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 this body is not embalmed, fact should be so stated above.