

FILED FEB 27 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5229**

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 6

7510

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster	
c. LENGTH OF STAY (in this place) 17 yrs.		6510	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Delista	b. (Middle)	c. (Last) Tharrington	4. DATE OF DEATH (Month) (Day) (Year) 2 - 10 - 50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 23, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME E. Talbert Simons	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Wesley Tharrington
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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'S SIGNATURE OR NAME Aubrey Tharrington	ADDRESS Knob Noster
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		3 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		15 yrs?
DUE TO (c) Cerebral hemorrhage		1 1/2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 10, 1950, to Feb 10, 1950, that I last saw the deceased alive on Feb 10, 1950 and that death occurred at 4:32 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wesley Tharrington M.D.	23b. ADDRESS Warrsburg Mo	23c. DATE SIGNED Feb 11 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2 - 12 - 50	24c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery	24d. LOCATION (City, town, or county) (State) Knob Noster, Missouri
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DATE REC'D BY LOCAL REG. Feb 12, 1950	REGISTRAR'S SIGNATURE Emma L. Beatty	25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker	ADDRESS Knob Noster, Mo.
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APR 21 1950

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

W. Raymond Baker

Licensed Embalmer No. *4616*

P. O. Address *Knotsester, 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.