

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34580

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4405</u>		Registrar's No. <u>321</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Ridge</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Ridge, Mo</u>		<u>6807</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Green Ridge, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Green Ridge</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Wharton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10, 1951</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 7, 1886</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Green Ridge, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward L. Wharton</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel L. Wharton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mabel Wharton, Green Ridge, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>4 1/2 hrs</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-7</u> , 19 <u>46</u> , to <u>10-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>51</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Maunders</u> (Degree or title) <u>DO. 2</u>				23b. ADDRESS <u>Seaside, Mo.</u>		23c. DATE SIGNED <u>10/12/51</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green Ridge, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/12/51</u>		REGISTRAR'S SIGNATURE <u>W. Maunders</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Young</u>			

RECEIVED OCT 16 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed OCT 16 1951 -----

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 -----

working under my personal supervision.

Student Embalmer No.

Signed.....

P. E. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. *2419*

P. O. Address *Sedalia 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.