

FILED AUG 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24191BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u> <u>031</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>710 State St East</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>710 State St East</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Nelson</u> c. (Last) <u>Wharton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31st 1952</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>May 27th 1889</u>	9. AGE (In years) (If under 1 year last birthday) Months Days Hours Min. <u>63</u> <u>2</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Stock Room Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Asbestos Products</u>		11. BIRTHPLACE (State or foreign country) <u>Oakland California</u>	

13a. FATHER'S NAME <u>J. Wharton</u>	13b. MOTHER'S MAIDEN NAME <u>Sperlmann</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Wharton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>492-10-3210</u>	17. INFORMANT'S SIGNATURE, OR NAME <u>Ida Wharton</u>	ADDRESS <u>Union mo.</u>
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Left Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. --		DUE TO (b) <u>Left posterior coronary occlusion</u>		<u>18 mos.</u>	
		DUE TO (c) <u>Coronary arteriosclerosis</u>		<u>45 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42.1</u>	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)
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 31 July, 1952, to 31 July, 1952, that I last saw the deceased alive on 31 July, 1952, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. Richardson</u>	(Degree or title) <u>no.</u>	23b. ADDRESS <u>Union, mo</u>	23c. DATE SIGNED <u>1 Aug 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8/2/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bell Mountain</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 1, 1952</u>	REGISTRAR'S SIGNATURE <u>J. P. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Ottman</u>	ADDRESS <u>Union, mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 21 1952

AUG 12 1952



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 E. H. Olthoff.....

Licensed Embalmer No. 1686.....

P. O. Address Union, 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.