

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. 653

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) LIBERTY Rt # 3		c. CITY OR TOWN LAWSON	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 1/2 mo.		STREET ADDRESS (If rural, give location) 1 mi. S. LAWSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION I.O.O.F. HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) MAY	b. (Middle) ELIZABETH	c. (Last) WHARTON	4. DATE OF DEATH (Month) (Day) (Year) 1 - 3 - 57
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-6-1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) LAWSON, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SAMUEL D. WHARTON	13b. MOTHER'S MAIDEN NAME JANE MORROW	14. NAME OF HUSBAND OR WIFE NONE
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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 LENA WHARTON LAWSON, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years 4
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis		
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. 450.0			

19a. DATE OF OPERATION 1-29-57	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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 **Nov**, 19**56** to **Jan 3**, 19**57** that I last saw the deceased alive on **Jan 2**, 19**57**, and that death occurred at **7:10 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE Wm. G. Bradson (Degree or title) M.D.	23b. ADDRESS Lawson, Mo.	23c. DATE SIGNED 1/4/57
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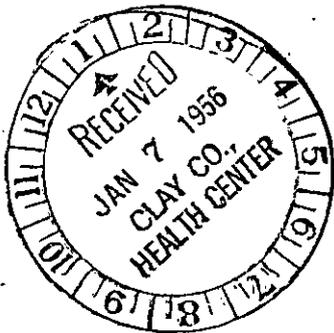
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-3-57	24c. NAME OF CEMETERY OR CREMATORY LAWSON	24d. LOCATION (City, town, or county) (State) LAWSON, Mo.
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DATE REC'D BY LOCAL REG. 1-5-57	REGISTRAR'S SIGNATURE Mabel Graham	FUNERAL DIRECTOR'S SIGNATURE Garman-Richard	ADDRESS Lawson, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Can they call

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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
Signature of Student Embalmer

Signed *Luis J. Jarama*

Licensed Embalmer No. *458*
P. O. Address *Excelsior Springs*

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.