

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043753

STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 1

300
1-57

Dr. R. J. Milligan
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY GENTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY GENTRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STANBERRY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STANBERRY 0380 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. ELM ST.		Length of stay in 1b LIFE	d. STREET ADDRESS (If outside, give location) N. ELM ST.
3. NAME OF DECEASED (Type or print) First Middle Last LEANDER ROSS WHARTON		4. DATE OF DEATH Month Day Year DEC. 24, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 25, 1893
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC	11. BIRTHPLACE (City and state or country) GENTRY Co. Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY GARAGE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME EDGAR YOST WHARTON		13b. MOTHER'S MAIDEN NAME SARAH KENTUCKY COFFEY	14. NAME OF HUSBAND OR WIFE ETHEL BENNETT WHARTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW I		16. SOCIAL SECURITY NO. 500-36-4257	17. INFORMANT Address STANBERRY Mo. Mrs. Ethel Bennett Wharton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis			4 mos
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept. 29-58 , to Dec. 24-58 and last saw ^{her} alive on Dec. 24-1958 Death occurred at 6:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. J. Milligan DO²		22b. ADDRESS Stanberry Mo	22c. DATE SIGNED 12-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 28, 1958	23c. NAME OF CEMETERY OR CREMATORY HIGH RIDGE	23d. LOCATION (City, town, or county) (State) STANBERRY, Mo.
24. FUNERAL DIRECTOR ADDRESS JOHNSON FUNERAL HOME, STANBERRY, Mo.		25. DATE RECD. BY LOCAL REG. 12-29-1958	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

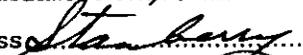
FEB 2 1958

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 

Licensed Embalmer No. 4948
P. O. Address 

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.