

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028925

FILED VS AUG 24 1959

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 70

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Arcadia</u> Length of stay in 1b <u>6yr. 8mo. 22da</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptists The Home for Aged</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u> c. CITY OR TOWN <u>Rural-Arcadia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>1 1/2 mi. E. on Hwy. 70</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) <u>Elizabeth Leach Wharry</u> First <u>Elizabeth</u> Middle <u>Leach</u> Last <u>Wharry</u>				<b>4. DATE OF DEATH</b> <u>Aug. 2, 1959</u> Month <u>Aug.</u> Day <u>2</u> Year <u>1959</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>May 24, 1866</u>	<b>9. AGE</b> (last birthday) <u>93</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>10</u>	IF UNDER 24 HR: Hours <u>10</u> Min. <u></u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired.) <u>housewife &amp; school down home</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>housewife &amp; school down home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Chestnut Bluff, Tennessee U.S.</u>		
<b>13a. FATHER'S NAME</b> <u>John W. Leach</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Emily Owen</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joseph R. Wharry</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT</b> Address <u>Dolores Weiss, Ironton, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____	<b>STATE</b> _____		
<b>21. I attended the deceased from</b> <u>7-1-57</u> to <u>8-2-59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>7-31-59</u> . Death occurred at <u>1 P.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Deputy or title) <u>Marrion C. Munn, M.D.</u>			<b>22b. ADDRESS</b> <u>109 N. Main, Ironton, Missouri</u>		<b>22c. DATE SIGNED</b> <u>8-6-59</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>23b. DATE</b> <u>8-4-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Home Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Ironton, Mo</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Annell J. White</u> <u>White Funeral Home, Ironton Mo</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-6-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs. Arnie Jones</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lucas J. White

Licensed Embalmer No. 3012

P. O. Address Director

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.