

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006679

FILED VS MAR 7 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1034 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 37 Years | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3009 Bellefontaine | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3009 Bellefontaine |

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| 3. NAME OF DECEASED (Type or print) Everett ^{First} Earl ^{Middle} Wharton ^{Last} | | | 4. DATE OF DEATH Feb. 18, 1960 ^{Month} ^{Day} ^{Year} | |
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| 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 Jan 31, 1893 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Maintenance Mech. | 11. BIRTHPLACE (City and state or country) Bosworth, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME William Wharton | 13b. MOTHER'S MAIDEN NAME Katte Patton | 14. NAME OF HUSBAND OR WIFE Ida Wharton |
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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. - | 17. INFORMANT Ida Wharton Address 3009 Bellefontaine |
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| 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 5 minutes |
| DUE TO (b) Arteriosclerotic heart disease | | |
| DUE TO (c) | | |
| 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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 |
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| 21. I attended the deceased from August 2, 1952 to Nov. 21, 1960 and last saw ^{him} alive on Nov. 21, 1959 Death occurred at 8:45 AM on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE U. D. Rising M.D. (Degree or title) | 22b. ADDRESS Univ. of Kansas Medical Center | 22c. DATE SIGNED 2-20-60 |
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| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial | 23b. DATE 2/20/60 | 23c. NAME OF CEMETERY OR CREMATORY Wharton Cemetery | 23d. LOCATION (City, town, or county) (State) Bosworth, Missouri |
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| 24. FUNERAL DIRECTOR Stine & McClure ADDRESS 3235 Gillham Plaza | 25. DATE RECD. BY LOCAL REG. 2-20-60 | 26. REGISTRAR'S SIGNATURE Debra Minshall |
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BY AFFIDAVIT OF JESSIE D. RISING

MEDICAL CERTIFICATION

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 William M. Turner

Licensed Embalmer No. 464
Kansas City, 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.