

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED DEC 26 1961

=61-043462
 STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 374

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b 15 days	c. CITY OR TOWN Novinger Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirkville Osteopathic Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) R. F. D. #2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle EDWIN Last WHARTON			4. DATE OF DEATH Month December Day 16, Year 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/11/1875
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Adair County, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME David Wharton	
13b. MOTHER'S MAIDEN NAME JoAnn Uber		14. NAME OF HUSBAND OR WIFE Clara Wharton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mrs. Guy (Nellie) Lea Chanute, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cor Pulmonale			INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
DUE TO (b) Cardiac Decompensation			
DUE TO (c) Generalized and Coronary Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of Right Hip and Right Humerus			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
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.)	
20c. TIME OF INJURY Hour 3:20 P. M. a.m. 0 p.m. 0		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	
21. I attended the deceased from December 13, 1961 to December 16, 1961 and last saw him alive on December 16, 1961 Death occurred at 3:20 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James F. Lyle, D.O.		22b. ADDRESS 800 W. Jefferson, Kirksville, Mo	22c. DATE SIGNED 12-18-61
23a. BURIAL CREMATION, REMOVAL (Specify) burial	23b. DATE 12-20-1961	23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery	23d. LOCATION (City, town, or county) (State) Novinger, Mo. (Adair Co.)
24. FUNERAL DIRECTOR ADDRESS Dee Riley Funeral Home, Inc. 415 North Franklin Kirkville, Missouri		25. DATE RECD. BY LOCAL REG. 12-20-61	26. REGISTRAR'S SIGNATURE Dee W. Ratliff

JAMES F. GIRE, D.O.

R. E. L. W.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Highsville, 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.