

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16688

State File No.

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1011

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST Louis 2219</u>	
c. LENGTH OF STAY (in this place) <u>1357 days</u>		d. STREET ADDRESS (If rural, give location) <u>801 N. JEFFERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUS. LEE. WHARTON</u> b. (Middle) <u>(J.B. Wharton)</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>July 15, 1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TANITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SUPER MARKET</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PRINCETON, KY</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>JACK WHARTON</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE CALLIE WOODEN</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>NW I Army</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital nurse Robert Koch Hosp</u> 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs (?)</u>
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>002X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <input type="radio"/> (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 July 19, 1949 to April 6, 1953 that I last saw the deceased alive on April 6, 1953, and that death occurred at 3:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Cohen</u> (Describe or title) <u>(M.D.)</u>	23b. ADDRESS <u>Robert Koch Hosp Koch Mo</u>	23c. DATE SIGNED <u>ap 6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopkinsville, Kentucky</u>	24d. LOCATION (City, town, or county) (State) <u>Hopkinsville, Kentucky</u>
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DATE REC'D BY LOCAL REG. <u>4-8-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Drake - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Roberts</u> ADDRESS <u>1416 N. Taylor Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student, Embalmer

Signed

James A. Carter

Licensed Embalmer No. *4681*

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.