No. 300
10.48

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7266

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 7

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sturgeon
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ----------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Sturgeon
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 666----------

0100

3. NAME OF DECEASED (Type or Print)
a. (First): Jennie
b. (Middle): Glenn
c. (Last): Wharton

4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 10-11-1872
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours --, Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housework
11. BIRTHPLACE (City and State or Foreign Country): Marion Co., Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WM. Henry Harrison Glenn
13b. MOTHER'S MAIDEN NAME: Martha E. Lock
14. NAME OF HUSBAND OR WIFE: LeRoy Parker Wharton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert G. Wharton, Sturgeon, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia - Right — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Sclerosis — 3 yrs
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: 332 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch 28, 1955, *to* Apr 2, 1955, *that I last saw the deceased alive on* Apr 1, 1955, *and that death occurred at* 1140 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A R McCollum MD
23b. ADDRESS: Sturgeon Mo
23c. DATE SIGNED: 4-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-4-1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Horeb Cemetery
24d. LOCATION (City, town, or county) (State): Sturgeon, Boone Co., Mo.

DATE REC'D BY LOCAL REG.: April 5-1955
REGISTRAR'S SIGNATURE: Maud McBride 30-C
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bill To Meadie Sturgeon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

APR 14 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill J. Medora

Licensed Embalmer No. 487

P. O. Address Sturgeon M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.