

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41574**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5937** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - LaMonte Twpship</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 mi. E. of Knobnoster</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>4 miles East of Knob Noster, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alonzo</b> b. (Middle) <b>A.</b> c. (Last) <b>Wharton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 25, 1867</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wheeling, West Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>James Wharton</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Bruner</b>	14. NAME OF HUSBAND OR WIFE <b>May Harjis Wharton</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. May Wharton, RFD #2 Knob Noster, Mo.</b>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>332x</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Knob Noster, Pettis, Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>
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22. I hereby certify that I attended the deceased from **Dec 15, 1955** to **Dec 27, 1955** that I last saw the deceased alive on **Dec 27, 1955**; and that death occurred at **3:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. W. ...</b> (Degree or title) _____	23b. ADDRESS <b>Knob Noster, Mo</b>	23c. DATE SIGNED <b>Dec 27-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 28, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Knob Noster Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Knob Noster, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-28-55</b>	REGISTRAR'S SIGNATURE <b>Laurie Coont, Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Raymond Baker, Knob Noster, Missouri</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *W. Raymond Baker*.....

Licensed Embalmer No. *4610*

P. O. Address *Knob Host*.....

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.