THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28298

STATE FILE NUMBER

FILED AUG 30 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3792

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Raymore~~ Kansas City — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in Ib 14 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Raymore — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ella Middle Mae Last Mc Whirt

4. DATE OF DEATH: Month August Day 13 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 10-17-82

9. AGE (In years last birthday) 75 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J- Hayes

13b. MOTHER'S MAIDEN NAME No record

14. NAME OF HUSBAND OR WIFE James L.McWhirt

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. 497-05-9926

17. INFORMANT Orlo Mc Whirt Address Lees Summitt Mo. R.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema & Uremia — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic nephritis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Post-operative for Cholecystectomy 7-30-57 586X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 7-26-57, to 8-12-57 and last saw her/him alive on 8/12/57
Death occurred at 4:35 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Ketterman (Degree or title) M.D.

22b. ADDRESS Pickman Mills Mo

22c. DATE SIGNED 8/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Aug 13 1957

23c. NAME OF CEMETERY OR CREMATORY Vandalia

23d. LOCATION (City, town, or county) (State) Vandalia Missouri.

24. FUNERAL DIRECTOR Mrs C.L.Forster Funeral Home Inc ADDRESS Kansas City, Missouri

25. DATE RECD. BY LOCAL REG. 8-13-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. L. Ketterman

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 J. Virgil Stevens

Licensed Embalmer No. 3599

P. O. Address K C 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.