Dept. Health, Euc., & Welfare
J. S. Public
ealth Service

V. S. 300
Rev. 1-57

FILED VS NOV 4 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-035490
STATE FILE NUMBER

X Registration District No. 59 Primary Registration District No. Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rural Raymore Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3 mi S. of Raymore on Highway 71 Length of stay in Hospital: ? minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Raytown Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6428 Lane Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JUDITH Middle: ANN Last: WHORTON

4. DATE OF DEATH: Month: Oct Day: 25 Year: 1959

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: Mar 15 1943 9. AGE (In years last birthday): 16 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): In School 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (City and state or country): Trenton Mo 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Harold D Wharton 13b. MOTHER'S MAIDEN NAME: Margaret Moore 14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 1244-42-1334 17. INFORMANT: Mrs Margaret Wharton Address: 6428 Lane Raytown Mo.

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): Deep cut in right side of neck - severing right Jugular Vein
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): and right Common Carotid Artery
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Broken back and broken neck
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.): Car accident - Car turned upside down
20c. TIME OF INJURY: Hour about 1:30 a.m. p.m. Month, Day, Year 10-25-59 only the 1 car involved
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.): Highway 71 - 3 mi S. of Raymore 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at about 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John Stephen Sheriff Acting Coroner 22b. ADDRESS: 208 W. Pearl H'ville 22c. DATE SIGNED: 10-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial 23b. DATE: Oct 28-1959 23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery 23d. LOCATION (City, town, or county) (State): Kansas City Mo.

24. FUNERAL DIRECTOR: Kepley-Hinton Funeral Home ADDRESS: Raytown Mo 25. DATE RECD. BY LOCAL REG.: 10-29-1959 26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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NOV 19 1959
JUN 20 1960
JAN 26 1961

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 John R. Sidmon

Licensed Embalmer No. 4531

P. O. Address 4510 Prospect
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.