URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039275
STATE FILE NUMBER

ED VS OCT 26 1960 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 209

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Rolla
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home
Inside Limits Yes ☐ No ☐ XX

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Rolla
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1501 Spencer
Reside on Farm Yes ☐ No ☐ XX

3. NAME OF DECEASED (Type or print) First JAMES Middle A. Last McWHORTER
4. DATE OF DEATH Month October Day 20 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH 11-7-72
9. AGE (last birthday) 87
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Agr.
11. BIRTHPLACE (City and state or country) Phelps County, Mo., USA
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Henry McWhorter
13b. MOTHER'S MAIDEN NAME Martha Shoemate
14. NAME OF HUSBAND OR WIFE Mary Elizabeth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) xx
16. SOCIAL SECURITY NO. None
17. INFORMANT Hugh & Edgar McWhorter, Rolla, Mo.,
Address

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) Far advanced arteria-sclerosis
INTERVAL BETWEEN ONSET AND DEATH yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 3/15/52, to 10/20/60 and last saw her/him alive on 10/17/60
Death occurred at 8:00AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James M. Myers (Degree or title) M.D.
22b. ADDRESS Rolla, Mo.
22c. DATE SIGNED 10/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-22-60
23c. NAME OF CEMETERY OR CREMATORY Morrison Cemetery
23d. LOCATION (City, town, or county) (State) Near Seaton, Dent Co., Mo.,
24. FUNERAL DIRECTOR Null & Son Funeral Home..Rolla ADDRESS
By Paul E. Null
25. DATE RECD. BY LOCAL REG. Oct. 21, 1960
26. REGISTRAR'S SIGNATURE Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul E. Nul

Signature of Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla,

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