

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23690A**  
43

FILED AUG 30 1954

DELAYED

5286

Registrar's No.

BIRTH NO.

REG. DIST. NO. 70

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY <b>Clark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clark</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wyaconda Twp.</b>		c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>18 years</b>		f. STREET ADDRESS (If rural, give location) <b>Wyaconda Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>No.</b> c. (Last) <b>Worrell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 1 - 1947</b>		
5. SEX <b>F.M.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>2-22-76</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Daubman Co. Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Overhulser</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>Elvin Worrell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 19, 1947**, to **July 1, 1947**, that I last saw the deceased alive on **July 1, 1947**, and that death occurred at **3 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>A. R. Bridges</b> (Deceased or title)	23b. ADDRESS <b>MA Kohoka Mo</b>	23c. DATE SIGNED <b>8/26/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>July 3-47</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kohoka Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Kohoka, Clark, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred J. Kule</b> ADDRESS <b>Kohoka Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8/26/54</b>	REGISTRAR'S SIGNATURE <b>A. R. Bridges</b>	

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

SEP 14 1954

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 *Fred J. Kerle*.....

Licensed Embalmer No. 1023

P. O. Address *Kahoka*.....

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.