S. No. 300
v. 10.48

24

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

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 626

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place): 2 mo. 20 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1244 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Ellis
b. (Middle): O.
c. (Last): Worley

4. DATE OF DEATH (Month) (Day) (Year): January 16, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 16, ~~1890~~ 1898
9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months: ___ Days: ___
IF UNDER 1 HR.: Hours: ___ Min.: ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common laborer
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Poplar Bluff, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Claude Worley
13b. MOTHER'S MAIDEN NAME: Molly Arnold
14. NAME OF HUSBAND OR WIFE: Mabel Worley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: Yes-not rem.
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, reinfection type far advanced, active, moderate symptoms. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Adhesive pericarditis; chr. adhesive pleurisy with hydrothorax, left. Ascities, moderate. — Unknown

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
NO
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: ---

22. *I hereby certify that I attended the deceased from* Oct. 28, *1948*, *to* Jan. 16, *19* 49, *that I last saw the deceased alive on* Jan. 16, *1949*, *and that death occurred at* 10:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Louis Levin (Degree or title): M.D.
LOUIS LEVIN, M.D.
23b. ADDRESS: Excelsior Springs, Missouri
23c. DATE SIGNED: 1-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-17-49
24c. NAME OF CEMETERY OR CREMATORY: Kinsey Cemetery
24d. LOCATION (City, town, or county) (State): Harviell, Mo.

DATE REC'D BY LOCAL REG.: 1/17/49
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Virgil Hope
HOPE FUNERAL HOME, Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-9-49

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.

Signed James A. Moles

Licensed Embalmer No. 3296.

P. O. Address Excelsior Spgs.

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Butler

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 626

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 20 day of January, 1949, before me appears Mrs. E. O. Worley, who, upon her oath, states that the original record of ~~birth~~ death for Ellis O. Worley, died ~~born~~ Jan. 16, 1949, in the State of Missouri, and which was filed at Excelsior Springs, Mo. on ....., 19....., should be corrected as follows:

Item No. 8 should read Sept. 16, 1898

Instead of Sept. 16, 1890

Item No. 9 should read 50 years, 4 months, 0 days.

Instead of 58 years

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. E. O. Worley Widow
Relationship.

1244 Washington — Kansas City, Mo
Present Address.

Subscribed and sworn to before me this 20 day of January, 1949.

My Commission expires 5/24/1952 Scott A. Cotrell Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-5-43
1 X36929