

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29801

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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>109</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>4 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cauthersville</u>		78			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prussell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Missouri</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>BEN</u> c. (Last) <u>WORSHAM</u>			4. DATE OF DEATH <u>Sept</u> - <u>1</u> - <u>1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July-1-1937</u>			
9. AGE (In years last birthday) <u>12</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>0</u>		11. UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>		9. AGE (In years last birthday) <u>12</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school girl</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTH PLACE (State or foreign country) <u>Walnut Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Ben Franklin Worsham</u>			13b. MOTHER'S MAIDEN NAME <u>Bevera Bell</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben F. Worsham</u> ADDRESS <u>Cauthersville, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>0800</u>	
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 <u>9-1</u> , 19 <u>49</u> to <u>9-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>49</u> , and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. O. Wilson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>9-3-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-2-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Cauthersville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-6-1949</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel C. Deant</u> ADDRESS <u>Cauthersville, Mo.</u>					

RECEIVED SEP 17 19A
District Health Office No. 2
District File Number 949-9
Date Filed

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
Student Embalmer

Signed *Near C. Seave*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville, 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 this body is not embalmed, fact should be so stated above.