

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3809

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mindenmines</u>	
c. LENGTH OF STAY (in this place) <u>12 hours</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nellie</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Worley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 7, 1884</u>	9. AGE (in years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Mammoth Springs, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Lavina Bunch</u>	14. NAME OF HUSBAND OR WIFE <u>Silas Brady worley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Silas B. worley, Mindenmines, Mo</u>	ADDRESS <u>Mindenmines, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 26, 1950, to Feb 27, 1950, that I last saw the deceased alive on Feb 27, 1950, and that death occurred at 4:19 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. M. Arnold, M.D.</u>	23b. ADDRESS <u>Lamar, Mo.</u>	23c. DATE SIGNED <u>2-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Worssley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>MAR 1 - 1950</u>	REGISTRAR'S SIGNATURE <u>Marie Konarski</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>14 Clarence White</u>	ADDRESS <u>Lamar Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0061
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RECEIVED MAR 7 1950
District Health Office No. 6,
District File Number 350-310
Date Filed 3-10-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clarence J. Chiles

Signed.....

Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Jamaica, Me

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.