

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13694

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 24

0560

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

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN 0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) LUCIEN b. (Middle) SAMUEL c. (Last) WORKMAN			4. DATE OF DEATH (Month) (Day) (Year) April 5 1950		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 18-1888	9. AGE (In years) (last birthday) 61	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 3 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY NEWS PAPER		11. BIRTHPLACE (State or foreign country) LAGRANGE MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Nugh WORKMAN		13b. MOTHER'S MAIDEN NAME NETTIE DAY		14. NAME OF HUSBAND OR WIFE MARY BARNES WORKMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ray A. Workman Lewistown 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA MALIGNANT and DUE TO (c) CARCINOMA of LEFT LUNG			Several Months
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BLEEDING FROM PENIS AFTER PROSTATIC OPERATION			148X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 **APRIL 1, 1950**, to **APRIL 5, 1950**, that I last saw the deceased alive on **APRIL 4, 1950**, and that death occurred at **1 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Lee E. Thompson DO 2		23b. ADDRESS Box 4 Lewistown, Mo		23c. DATE SIGNED 4/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7, 1950		24c. NAME OF CEMETERY OR CREMATORY Lagrange	
24d. LOCATION (City, town, or county) (State) Lagrange Mo		24e. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS James A. Coder			
DATE REC'D BY LOCAL REG. 4-7-50		REGISTRAR'S SIGNATURE P. St. James			

RECEIVED APR 14 1950
District Health Officer No. 1
District File Number 4-50-65
Date Filed APR 14 1950

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Godes

Licensed Embalmer No. 2537

P. O. Address Lewistown, Pa.

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.