

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **26209**

FILED AUG 23 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **274**

0142

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hatton</b>	
c. LENGTH OF STAY (in this place) <b>2 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callaway Co. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ira Thomas</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Worsham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 5, 1877</b>		9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	
11. BIRTHPLACE (State or foreign country) <b>Wainwright, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Wainwright, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Banks Worsham</b>		13b. MOTHER'S MAIDEN NAME <b>Nina Conger</b>		14. NAME OF HUSBAND OR WIFE <b>Ida</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ida Worsham Hatton Mo R.F.D</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				6 hours	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gastroenteritis</b>						4 201 10 days	

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) (Minute)		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 **17 Aug 1950** to **14 Aug 1950**, that I last saw the deceased alive on **14 Aug 1950** and that death occurred at **12 noon**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. R. Goshkin</b>		23b. ADDRESS <b>Fulton Mo</b>		23c. DATE SIGNED <b>15 Aug 50</b>			
24a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>		24b. DATE <b>Aug, 16, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carrington</b>		24d. LOCATION (City, town, or county) (State) <b>Carrington, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Aug 15 1950</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wallace General Home Fulton Mo</b>	
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 19 1950

RECEIVED

**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 Russell C. Maag

Signed.....  
Student Embalmer

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.