

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38045**

0840

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5968** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" <b>S. Benton Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" <b>S. Benton Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>R. F. D. Buffalo</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Frank</b>	b. (Middle) <b>Wormsbaker</b>	c. (Last)	(Month) <b>Nov.</b>	(Day) <b>16</b>	(Year) <b>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>Oct. 9, 1873</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Odessa, Russia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>					

13a. FATHER'S NAME <b>Unk.</b>	13b. MOTHER'S MAIDEN NAME <b>Unk.</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Wormsbaker</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 <b>Mrs. Lillie Wormsbaker</b>
		ADDRESS <b>R. F. D. Buffalo, Mo.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RUPTURE ANEURYSM OF ABDOMINAL AORTA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 MIN.</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) <b>ARTERIO SCLEROSIS GENERALIZED</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>022X</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 **JAN**, 19**49**, to **NOV**, 19**50**, that I last saw the deceased alive on **4 NOV**, 19**50**, and that death occurred at **8 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>John R. Brien M.D.</b>	23b. ADDRESS <b>Bolivar, Mo.</b>	23c. DATE SIGNED <b>Nov 18-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 19, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>First Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Polk County Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 18, 1950</b>	REGISTRAR'S SIGNATURE <b>Ralph Gordon</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jewell Turpin</b>	ADDRESS <b>Turpin Funeral Home Bolivar, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 25 1950

Dist. File 11 30 - 2355

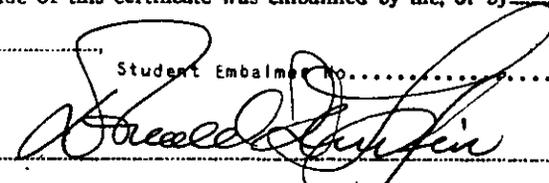
Date Filed 11-30-50

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.

Signed.....  
Student Embalmer

Signed   
Student Embalmer No.....

Licensed Embalmer No. 3053

P. O. Address Holivar, 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.