No. 300
10.48

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40120

State File No. .....

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Finley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ozark R R Star

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Finley Township
d. STREET ADDRESS (If rural, give location): Ozark Star RR

3. NAME OF DECEASED (Type or Print)
a. (First): Anna M
b. (Middle): Muriel
c. (Last): Workman

4. DATE OF DEATH (Month) (Day) (Year): Nov 21 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 11 1913
9. AGE (In years last birthday): 37 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: J Earnest Bray
13b. MOTHER'S MAIDEN NAME: Ethel Clevenger
14. NAME OF HUSBAND OR WIFE: Lester C Workman, Ozark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lester Workman, Ozark, Mo. Star Rt

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gas Fumes from Motor Exhaust Hose attached to Exhaust Pipe of Car, Run Back Inside Car

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Poor Health
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: E 973A

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (~~CITY, TOWN, OR~~ TOWNSHIP) (COUNTY) (STATE): Rural Finley Christian Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 21. 1950 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 10 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. B. Chaffin Coroner 3
23b. ADDRESS: Ozark Mo
23c. DATE SIGNED: Nov. 22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: Nov 23/1950
24c. NAME OF CEMETERY OR CREMATORY: Shipman Cemetry
24d. LOCATION (City, town, or county) (State): Christian Co. Mo

DATE REC'D BY LOCAL REG.: Dec. 20-1950
REGISTRAR'S SIGNATURE: Laretta Leonard 1 59
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: T. B. Chaffin Ozark, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED JAN 3 1951

Dist. File 51 - 2

Date Filed 1-3-51

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.