

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 29

64

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give town) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give town) Jefferson City	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 621 West Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED (Type or Print) Elmer		4. DATE OF DEATH (Month) (Day) (Year) Feb 2 1951	
b. (First)		b. (Middle) Ralph	
c. (Last) Wornell			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug-23-1889
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tavern		10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (State or foreign country) Miller County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Owner George Wornell		13b. MOTHER'S MAIDEN NAME Not known	
14. NAME OF HUSBAND OR WIFE Elizabeth Wornell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-30-3434	
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Wornell		ADDRESS Jefferson City, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral edema			
ANTECEDENT CAUSES		DUE TO (b) Acute alcoholic intoxication			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chronic alcoholism		3221	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 3 Penetrating wounds - left chest (self-inflicted)			
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)		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 10-15, 1947, to 2-2, 1951, that I last saw the deceased alive on 2-1, 1951, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. V. McKnelly M.D. (Degree or title)		23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 2-2-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb-5-1951		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	

DATE REC'D BY LOCAL REG. Feb 2-1951		REGISTRAR'S SIGNATURE R.P. Norris		5. FUNERAL DIRECTOR'S SIGNATURE J. J. Jordan	
				ADDRESS Jefferson City, Mo	

RECEIVED 2-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-5-51 _____

13 1951

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 *Ray J. Jordan*

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.