

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2942

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4398 Registrar's No. _____

0780 /

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boonville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holland</u>	c. LENGTH OF STAY (In this place) <u>3 3/4</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Holland</u> 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) <u>J</u> c. (Last) <u>Workman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-51</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-28-1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Decheron O</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>David Workman</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Workman</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Workman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H W Workman Holland Mo</u>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>age and congestion of lungs</u>		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) <u>age & weak heart</u>		
	DUE TO (c) <u>following pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>493x</u>			

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)	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 1, 1951, to Jan 19, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 2:4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. C. McLean M.D.</u>	(Degree or title)	23b. ADDRESS <u>Holland Mo</u>	23c. DATE SIGNED <u>Jan 20, 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	24d. LOCATION (City, town, or county) (State) <u>Carothersville Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-26-51</u>	REGISTRAR'S SIGNATURE <u>S. J. O'Connell</u>	249	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Serman Knott Co Staley</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-51-25

REC'D
FEB 2 1913

S. B. Beecher, M. D.,
Percicot County Health Department,
Caruthersville, Missouri

JAN 29 REC'D

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.....

John W German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Harting 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.