

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11685**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>433</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clearfield</u>		
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>S.</u> c. (Last) <u>Worthington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, widowed <u>widowed</u>	8. DATE OF BIRTH <u>November 15, 1876</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ringgold County, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Vincent Worthington</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Hartley</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Mae Worthington</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>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mildred Saville, Redding, Iowa</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension of Proximal</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6:10x</u>
19a. DATE OF OPERATION <u>4/18/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophied Prox</u>		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 <u>4/17, 1951</u> , to <u>4/18, 1951</u> , that I last saw the deceased alive on <u>4/18, 1951</u> , and that death occurred at <u>6:15 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Chas. Greenberg M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>4/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>4/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Clearfield Iowa</u>	
DATE REC'D BY LOCAL REG. <u>April 21, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	444	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heston Bowman Funeral Home St. Joseph, Mo</u>	

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

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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.

Signed James P. Hawkins

Signed
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 719 S. 10th St. Lincoln

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.