

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17638

BIRTH NO. REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6002 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Rolls,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Rolls,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Saltriver Township)</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Saltriver Township)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, M o. R.F.D.</u>				d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri 6870 R.F.D.0</u>			
3. NAME OF DECEASED (Type or Print) <u>Guy</u>		a. (First)		b. (Middle) <u>Ralph</u>		c. (Last) <u>Wormley</u>	
4. DATE OF DEATH <u>May 28, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July, 19, 1881</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Aurora, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred Wormley</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Putney</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Nolan Wormley</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Wormley Perry, Mo.</u> ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Min)		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>May 1, 1951</u> , to <u>May 28, 1951</u> , that I last saw the deceased alive on <u>May 28, 1951</u> , and that death occurred at <u>10:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ernest T. Swan D.O.</u>				23b. ADDRESS <u>Perry, Missouri.</u>		23c. DATE SIGNED <u>5-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>2-29-51</u>		REGISTRAR'S SIGNATURE <u>Clyde C. Wiley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde C. Wiley Perry, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

Date Received: JUN 4 1951  
DISTRICT HEALTH OFFICE #2 1039  
District File Number 6-51-1038  
Date Filed: JUN 7 1951

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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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3820.

P. O. Address Perry, Mo.

Notes: 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.