

FILED AUG 30 1951
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Reg.# 91982

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29173

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2974

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF BRKS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PITTSFIELD	
c. LENGTH OF STAY (In this place) 184 days		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) FLOYD	b. (Middle) O	c. (Last) WORTHEN	4. DATE OF DEATH (Month) (Day) (Year) 8-22-51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 4-3-88	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) New Canton, Illinois	12. COUNTRY OF WHAT CITIZENRY? USA
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13a. FATHER'S NAME Francisco Worthen	13b. MOTHER'S MAIDEN NAME Sarah Bowen	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS. MO.	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		---
	ANTECEDENT CAUSES DUE TO (b) Basal Cell Carcinoma of Scalp and left side of head and neck. DUE TO (c) _____		---
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 191X		---	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from **2-19**, 19**51**, to **8-22**, 19**51**, and that death occurred at **1:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE L. Estilwell (Degree or title) M.D.	23b. ADDRESS VAH, JEFF. BRKS. MO	23c. DATE SIGNED 8-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-23-51	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Barry, Ill.
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DATE REC'D BY LOCAL REG 8-23-51	REGISTRAR'S SIGNATURE Hubert R. Samba	25. FUNERAL DIRECTOR'S SIGNATURE FRED HUFNAGEL, BARRY, ILLINOIS	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 31 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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelino

Licensed Embalmer No. 7283

P. O. Address St. Louis 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.