

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5355**
Registrar's No. **867**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | |
| c. LENGTH OF STAY (in this place) 2 1/2 years | | d. STREET ADDRESS (If rural, give location) 105 No. Gladstone Blvd | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 105 No. Gladstone Blvd | | | |

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|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) ANN c. (Last) Worthington | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1952 | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH July 11-1869 | | 9. AGE (In years last birthday) 82 | | 10. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY AT Home | | 11. BIRTHPLACE (State or foreign country) Unknown Illinois | |

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|---|--|---|--|--------------------------------------|--|
| 13a. FATHER'S NAME ISAAS HALE | | 13b. MOTHER'S MAIDEN NAME Unknown | | 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) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. C.H. Yates | |
| | | | | ADDRESS 3518 Jackson | |

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|---|--|--|---|--|--|----------------------------------|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interventricular coronary insufficiency | | | II. OTHER SIGNIFICANT CONDITIONS (b) insufficiency | | | 14 | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | ANTECEDENT CAUSES (c) insufficiency | | | 4201 | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | DUE TO (b) _____ | | | | | |
| | | | DUE TO (c) _____ | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | |

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|------------------------|--|----------------------------------|--|--|--|--|--|
| 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? | |
|---|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from **12/1**, 19**50**, to **2/22**, 19**52**, that I last saw the deceased alive on **12/10**, 19**50**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

| | | | | | |
|---|--|--------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE Mark Dodge MD (Degree or title) | | 23b. ADDRESS 4635 N. Yambotta | | 23c. DATE SIGNED 2/23/52 | |
|---|--|--------------------------------------|--|---------------------------------|--|

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|--|--|---------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE FEB 23 1952 | | 24c. NAME OF CEMETERY OR CREMATORY OAK RIDGE CEMETERY | | 24d. LOCATION (City, town, or county) (State) PERRY KANSAS | |
|--|--|---------------------------------|--|---|--|--|--|

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|--|--|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 2-23-52 | | REGISTRAR'S SIGNATURE Sheldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons | | ADDRESS 1331 BRUSH CREEK NANSAS CITY, MO. | |
|--|--|---|--|---|--|---|--|

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

Missouri

45-553

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 *John R. Sidman*

Licensed Embalmer No. *45-31*

P. O. Address *Kansas 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.