

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15859**

**JUN 9 1952**

BIRTH NO. _____		REG. DIST. NO. <b>61</b>		PRIMARY REG. DIST. NO. <b>5236</b>		Registrar's No. <b>39</b>	
1. PLACE OF DEATH a. COUNTY <b>Cedar</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wagoner</b>			
b. CITY (If inside corporate limits, write RURAL and give name of town) <b>Wagoner</b>		c. LENGTH OF STAY (In this place) <b>8150</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. #3</b>				d. STREET ADDRESS (If rural, give location) <b>3060 North 17th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Orl</b>		b. (Middle) <b>Wilma</b>		c. (Last) <b>Worrall</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 30 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-3-1907</b>	9. AGE (In years last birthday) <b>45</b>	10. UNDER 1 YEAR Months Days Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kanlin - Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Mullins</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Walker</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Worrall</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Henry Worrall</b> ADDRESS <b>3060 No. 17th St. Kansas City, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute heart attack</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>excitement + shock</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4343</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:45 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. D. Quinn, Coroner</b>				23b. ADDRESS <b>El Dorado Springs Mo 531-52</b>		23c. DATE SIGNED <b>6-3-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-3-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CLINTONVILLE</b>		24d. LOCATION (City, town, or county) (State) <b>NEAR EL DORADO SPRINGS, MO.</b>	
DATE REC'D BY LOCAL REG. <b>6-3-52</b>		REGISTRAR'S SIGNATURE <b>Rev. E. A. ...</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Rev. E. A. ...</b> ADDRESS _____			

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

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

*May W. Dickering*

Licensed Embalmer No. *4696*

P. O. Address *27 Donaldson*

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.