

## STANDARD CERTIFICATE OF DEATH

21521

State File No. ....

FILED JUN 23 1952

BIRTH NO. ....		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Panama</u> b. COUNTY .....			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo</u>		c. LENGTH OF STAY (If in place) <u>2990</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Panama City Panama</u>		8990	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Roger</u>		b. (Middle) <u>Calvin</u>		c. (Last) <u>Worthington</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Oct. 30, 1930</u>		9. AGE (In years last birthday) If under 1 year: Months Days If under 1 min: Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Panama</u>		12. CITIZEN OF WHAT COUNTRY? <u>Panama</u>		13a. FATHER'S NAME <u>Harvey E. Worthington</u>		13b. MOTHER'S MAIDEN NAME <u>Elida Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>Harvey Worthington Panama City, Pa.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto accident, fractured skull?</u> DUE TO (c) .....				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fx left femur - displaced right hip</u>		19a. DATE OF OPERATION <u>June 16 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fx nasal bones maxilla &amp; mandible</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waynesville, Pulaski, Missouri</u>		21d. HOW DID INJURY OCCUR? <u>Car accident</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 13 52 10</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>June 13, 1952</u> , to <u>June 14, 1952</u> , that I last saw the deceased alive on <u>June 14, 1952</u> and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Mason</u>		(Degree or title) .....		23b. ADDRESS <u>Waynesville Mo</u>		23c. DATE SIGNED <u>June 16 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 17 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Panama City, Panama</u>	
DATE REC'D BY LOCAL REG. <u>6-16-52</u>		REGISTRAR'S SIGNATURE <u>Paula J. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adrian Starnes</u>		ADDRESS <u>St. Louis, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File Number 6-21-52  
Date Filed 6-21-52

Pulaski County Health Officer

RECEIVED 6-16-52

MS MAY 15 1952

### 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Walter A. Hedges*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Hedges  
Harris, 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.