S. No. 300
Rev. 10.48

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

FILED JAN 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41474

State File No.

BIRTH NO. REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberal
c. LENGTH OF STAY (In this place): 5 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberal 0060
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLOTTE
b. (Middle): EMILY
c. (Last): WORTH

4. DATE OF DEATH (Month) (Day) (Year): Dec 31 1952

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept 28 1871

9. AGE (In years last birthday): 81 — If under 1 year: Months 3, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Higginsville, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Henry Casper Brand

13b. MOTHER'S MAIDEN NAME: Minna O. Werner

14. NAME OF HUSBAND OR WIFE: John Worth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX

16. SOCIAL SECURITY NO.: XXX

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Helen Hamm, Liberal, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary stenosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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: No operation 4201

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0

21c. (CITY, TOWN, OR TOWNSHIP): 0 (COUNTY): 0 (STATE): 0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 0

22. *I hereby certify that I attended the deceased from* 12/31/52, 19___, *to* 12/31, 19 52, *that I last saw the deceased alive on* 12/31, 19 52, *and that death occurred at* 3:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Eddleman M.D.

23b. ADDRESS: Liberal, Mo.

23c. DATE SIGNED: 1/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 5 1952

24c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery

24d. LOCATION (City, town, or county) (State): Lamar, Missouri

DATE REC'D BY LOCAL REG.: Jan 1, 1953

REGISTRAR'S SIGNATURE: Charlotte McDowell

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: KONANTZ FUNERAL HOME, Lamar, Missouri

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1953

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2047

P. O. Address Lamar, Missouri

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.