

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 19 1952

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City 0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>	b. (Middle) <u>Rebecca</u>	c. (Last) <u>Worland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-52</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED <u>Married</u>	8. DATE OF BIRTH <u>7-7-1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>Lincon County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Patrick Wheatly</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Shockley</u>	14. NAME OF HUSBAND OR WIFE <u>George Worland</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Worland</u>	ADDRESS <u>Montgomery City Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA of KIDNEY WITH METASTASIS TO BONES</u>		
	DUE TO (c) <u>CHRONIC INSTITIAL NEPRITIS</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>180X</u>			

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) <u>No</u>	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) (Min.)	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 7-21, 1952, to 11-22, 1952, that I last saw the deceased alive on 11-20, 1952, and that death occurred at 11:50 am from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Helin M.D.</u> (Degree or title)	23b. ADDRESS <u>New Florence Mo.</u>	23c. DATE SIGNED <u>11-25-52</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Worland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Montgomery City Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-1-52</u>	REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>	4346-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Montgomery City Mo</u>
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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, upon the
22nd day of Nov 1952 Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. B. Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.