

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1953

BIRTH NO.		REG. DIST. NO. <b>360</b>	PRIMARY REG. DIST. NO. <b>6225</b>	Registrar's No. <b>22</b>
1. PLACE OF DEATH a. COUNTY <b>Wernier</b>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jasper</b>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rural Wash Wp 4-6-26</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Jasper 0495</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #3</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>		
3. NAME OF DECEASED (Type or Print) <b>CARL WORKMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-27-53</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>11-25-01</b>	9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>27</b> IF UNDER 4 HRS. Hours <b>27</b> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Writer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>/</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Champ Workman</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Waters</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>/</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital record</b> ADDRESS	
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>Pulmonary T.B. Chron</b>		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) <b>/</b> DUE TO (c) <b>/</b>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dementia Praecox Paranoid</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>11-1-1946</b> to <b>1-27-1953</b> that I last saw the deceased alive on <b>1-24-1953</b> and that death occurred at <b>7-40 PM</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>R. S. Neal</b> (Degree or title)		23b. ADDRESS <b>Woods Mo</b>	23c. DATE SIGNED <b>1-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL</b>	24d. LOCATION (City, town, or county) (State) <b>SOPLIN Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-30-1953</b>	REGISTRAR'S SIGNATURE <b>Anna &amp; Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Blanchard Grove</b> ADDRESS <b>Jasper</b>		

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

SS

FEB 3 1914

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.....

*Erling M. Dunsy*  
Licensed Embalmer No. *3566*  
P. O. Address *Opplin 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.