

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21203

State File No. _____
Registrar's No. 47

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186

361

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>		
b. CITY OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) <u>1 WK</u>	c. CITY OR TOWN <u>BELLEUILLE</u>		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSP.</u>			d. STREET ADDRESS (if rural, give location) <u>511 S. ILLINOIS</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u> b. (Middle) <u>S</u> c. (Last) <u>WORKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5 1953</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 5 1875</u>		9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Days <u>10</u>	11. UNDER 1 HRS. Hours <u>0</u> Mts. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HAMBURG, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>? WINELAND</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH STRICKLAND</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE W. WORKMAN</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES WORKMAN, MARYLAND</u>		ADDRESS <u>KENSINGTON, MARYLAND</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.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY ARTERY OCCLUSION</u>	DUE TO (b) <u>ARTERIOSCLEROSIS</u>					2 DAYS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____					30 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>CALCIFIC AORTIC STENOSIS</u>					30 YEARS?

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 JULY 3, 1953, to JULY 5, 1953, that I last saw the deceased alive on JULY 5, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard T. Walden M.D.</u>		23b. ADDRESS <u>Bourbon, Missouri</u>		23c. DATE SIGNED <u>JULY 5 1953</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/7/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COUTERVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>COUTERVILLE ILLINOIS</u>		
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DATE REC'D BY LOCAL REG. <u>7-5-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. M. Burns, Couterville, Ill.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 10 1978

JUL 10 1978

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.