

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22464

State File No.

LED JUL 2 - 1953

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u> <u>0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>CAROLINE</u> c. (Last) <u>MC WORTHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb-18-1884</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Hedrick</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>John Mc. Worthy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John McWorthy</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal</u>							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Cardiac failure</u>					
		DUE TO (c) <u>Diabetes & Nephritis</u>					
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>70</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>70</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? <u>442X</u>	

22. I hereby certify that I attended the deceased from 2 1/2 18, to June 28 1953 that I last saw the deceased alive on June 23 1953 and that death occurred at 4:30 P m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree of title)		23b. ADDRESS <u>Newburg Mo</u>		23c. DATE SIGNED <u>6/29/53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 30 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	
		24d. LOCATION (City, town, & county) <u>Kennett</u>		24e. STATE <u>Mo</u>	

DATE REC'D BY LOCAL REG. <u>June 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> ADDRESS <u>Newburg Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 7-1-53

AUG 5 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lee Johnson
Licensed Embalmer No. 3392

P. O. Address Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.