

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

9650

State File No.

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **4411** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksville 0820	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) AMOS b. (Middle) LEBOY c. (Last) WORSHAW			4. DATE OF DEATH (Month) (Day) (Year) March 12 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb 27 1870	9. AGE (In years last birthday) 84	if UNDER 1 YEAR Months 0 Days 12 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John L. Warslow		13b. MOTHER'S MAIDEN NAME Margaret Robinson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE, OR NAME Margaret Hirsch	
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, 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) Coronary occlusion			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased and give on **March 12, 1954**, and that death occurred at **7:00 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Mudd, Coroner		23b. ADDRESS Bowling Green Mo		23c. DATE SIGNED 3/15/54	
24a. BURIAL, CREMATION, OR DISPOSAL	24b. DATE March 13 1954	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Clarksville Mo		
DATE REC'D. BY LOCAL REG. 3/30/54	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE Harry L. Carr	ADDRESS Clarksville Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

820

147 030

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 Geo. M. Callier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.