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FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14738

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mtn. Grove, Mo.</b>		c. CITY OR TOWN <b>Mtn. Grove,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>34 yrs.</b>		• STREET ADDRESS (If rural, give location) <b>201 South St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>503 South Main St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Samuel</b> c. (Last) <b>Worley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 6, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 27, 1877</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railway</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Overton County, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>James Lanson Worley</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Ledford</b>		14. NAME OF <del>DECEASED'S</del> WIFE <b>Mary E. Garrigan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Worley Mtn. Grove, Mo.</b>	

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) <b>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4-4-54</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, Hypertension</b> <b>Not known</b>		
	DUE TO (c)		
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 <b>331X</b>		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) m.		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 **4-2-**, 19**54**, to **4-6-**, 19**54**, that I last saw the deceased alive on **4-6-**, 19**54**, and that death occurred at **12:00** p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Mountain View Mo</b>		23c. DATE SIGNED <b>4-7-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 9, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mtn. Grove, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-9-54</b>		REGISTRAR'S SIGNATURE <b>Ans. Ames</b>		348 - d		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Mtn. Grove, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 754-42  
Date Filed 4-17-54

APR 26 1954  
APR 26 1954

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.....  
Signature of Student Embalmer

Signed *Rob Barber*.....

Licensed Embalmer No. 38  
P. O. Address *mtg. 9*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.