

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15092**

|                                                                                                                                                                                                                                                          |  |                                                                                                             |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                          |  | REG. DIST. NO. <u>46</u>                                                                                    |                                                              | PRIMARY REG. DIST. NO. <u>5150</u>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Registrar's No. <u>22</u>                                                                                                         |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Caldwell</u>                                                                                                                                                                                                           |  |                                                                                                             |                                                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Hamilton Twp)</u> )                                                                                                                                                         |  | c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>                                                            |                                                              | c. CITY OR TOWN <u>0189</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION                                                                                                                                             |  |                                                                                                             |                                                              | f. STREET ADDRESS (If rural, give location)<br><u>Rural - 3 mi. SW of Hamilton</u>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Delilah</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Worthington</u>                                                                                                                                    |  |                                                                                                             | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 16, 1954</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                   |  |
| 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>July 11, 1868</u>                                                                                             |  |
| 9. AGE (In years last birthday) <u>85</u>                                                                                                                                                                                                                |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |                                                              | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell County, Mo</u>                                                     |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                                                                                                                                                                                               |  | 13a. FATHER'S NAME <u>James McNamee</u>                                                                     |                                                              | 13b. MOTHER'S MAIDEN NAME <u>Hannah Sutton</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 14. NAME OF HUSBAND OR WIFE <u>Joseph Worthington</u>                                                                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>                                                                                                                                                                               |  | 16. SOCIAL SECURITY NO. <u>—</u>                                                                            |                                                              | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Fred Worthington Hamilton</u>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u><br>INTERVAL BETWEEN ONSET AND DEATH<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Senility</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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"/> <u>194 X</u>                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                   |  |
| 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 <u>MAR 1, 1954</u> to <u>MAY 1, 1954</u> , that I last saw the deceased alive on <u>MAY 1, 1954</u> , and that death occurred at <u>3:05 P.M.</u> , from the causes and on the date stated above. |  |                                                                                                             |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                   |  |
| 23a. SIGNATURE <u>J. R. Elder</u> (Degree or title)                                                                                                                                                                                                      |  |                                                                                                             |                                                              | 23b. ADDRESS <u>Hamilton, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 23c. DATE SIGNED <u>May 19, 1954</u>                                                                                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                  |  | 24b. DATE <u>May 18, 1954</u>                                                                               |                                                              | 24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 24d. LOCATION (City, town, or county) (State) <u>Kingston, Mo.</u>                                                                |  |
| DATE REC'D BY LOCAL REG. <u>May 20-54</u>                                                                                                                                                                                                                |  | REGISTRAR'S SIGNATURE <u>Gladys Jones</u> 37-1                                                              |                                                              | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Morris Brown Hamilton, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                   |  |

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

(Licensed Embalmer's Statement on Reverse Side)

**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 *Harris A. Bram*

Licensed Embalmer No. *39*

P. O. Address *Harris*

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.