

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No.

36153

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8569	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE IND. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 3 WKS		c. CITY OR TOWN GENTRYVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 9130 S			
3. NAME OF DECEASED (Type or Print) Edward		a. (First) S.		b. (Middle) Worthington		c. (Last)	
4. DATE OF DEATH Sept. 18, 1954		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 1-22-1880		9. AGE (In years last birthday) 74		10. MONTHS 7		11. DAYS 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) GRANDVIEW IND.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEO. LEE WORTHINGTON		13b. MOTHER'S MAIDEN NAME KATE-BATTLE		14. NAME OF HUSBAND OR WIFE EDITH-WORTHINGTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-01-5612		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDITH WORTHINGTON - GENTRYVILLE - IND.			
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) Carcinoma of Pancreas		with metastases				Sev. Mos.	
*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				DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from August 27, 1954 , to September 18, 54 , that I last saw the deceased alive on Sept. 18, 1954 , and that death occurred at 7:25 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert L. Darrough M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 9/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT-19-1954		24c. NAME OF CEMETERY OR CREMATORY GRANDVIEW-CEMETERY		24d. LOCATION (City, town, or county) (State) GRANDVIEW - IND.	
DATE REC'D BY LOCAL REG. SEP 20 1954		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH - Maplewood 17 Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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

John J. Haines

Licensed Embalmer No. 410

P. O. Address St. Louis

**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.**