

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1955

State File No. **11303**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4103** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Cass</b> c. CITY OR TOWN <b>Cleveland</b>		
b. CITY OR TOWN <b>Cleveland MO</b>		c. LENGTH OF STAY (in this place) <b>33yr.</b>	c. CITY OR TOWN <b>Cleveland</b>		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			e. STREET ADDRESS <b>Cleveland Ave.</b>		

3. NAME OF DECEASED (Type or Print) <b>FRANCIS LINCOLN WORRELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 21-1955</b>		
a. (First)	b. (Middle)	c. (Last)			

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>Apr. 16-1865</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <b>Retired Railroad Agent &amp; Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Orleans Ind. 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
--	-----------------------------------	--	--

13a. FATHER'S NAME <b>Preston L. Worrell</b>	13b. MOTHER'S MAIDEN NAME <b>Phoebe Shepard</b>	14. NAME OF HUSBAND OR WIFE <b>Mabel Worrell</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes.</b> (If yes, give war or date of service) <b>Spanish American 702-09-918</b>	16. SOCIAL SECURITY NO. <b>702-09-918</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Worrell</b> ADDRESS <b>Cleveland 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 Yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostate hyperplasia</b> DUE TO (c) <b>Hypostatic Pneumonia</b>		
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)	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 **1940** to **4/16**, 1955, that I last saw the deceased alive on **4/15**, 1955, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Maxton V. Robbins, M.D.</b>	23b. ADDRESS <b>Peabot MO</b>	23c. DATE SIGNED <b>4/21/55</b>
---	-------------------------------	---------------------------------

24a. BURIAL: CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 23, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mariah Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>April 26, 1955</b>	REGISTRAR'S SIGNATURE <b>Dora Barward</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. E. Myers</b> ADDRESS <b>Cleveland MO</b>
--	---	--

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

FEB 8 1950

RECEIVED  
MAY 1 1955  
CASS COUNTY  
HEALTH DEPARTMENT

MAY 5 1955

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..... *Geo. E. Myers*

Licensed Embalmer No. *251*

P. O. Address *Cleveland*

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.