

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1582

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 9

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|--|--|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL - LEE'S SUMMIT | | c. LENGTH OF STAY (in this place) 38 yrs | c. CITY OR TOWN HICKMAN MILLS |
| d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON COUNTY HOSPITAL | | e. STREET ADDRESS (If rural, give location) 8511 EASTERN - R.R. #10 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) W. c. (Last) WORLEY | | | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 25 - 1956 | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH DEC-12-1884 | | 9. AGE (In years last birthday) 71 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORKER | | 10b. KIND OF BUSINESS OR INDUSTRY BURTON-DIXIE MATRESS COMPANY | | 11. BIRTHPLACE (City and State or Foreign Country) TEXAS | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME PETE WORLEY | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | |
| 14. NAME OF HUSBAND OR WIFE JULIA WORLEY | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 495-10-3529 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. JULIA WORLEY | | ADDRESS 8511 EASTERN R.R. HICKMAN MILLS, MO. | | | |

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| 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 | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| ANTECEDENT CAUSES | | DUE TO (b) _____ | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) ARTERIO SCLEROTIC HEART DISEASE | | | |
| 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"/> | |

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| 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 _____, 19____, to 1-25 , 19 56 , that I last saw the deceased alive on 1-25 , 19 56 , and that death occurred at 2:00A m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) David Wolfman MD | | 23b. ADDRESS Jackson County Hosp | | 23c. DATE SIGNED 1-27-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE JAN-27-1956 | | 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY | |
| 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | DATE REC'D BY LOCAL REG. 1-27-1956 | | REGISTRAR'S SIGNATURE D.B. Langford | |

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| 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer | | ADDRESS 1391 BRUSH CREEK KANSAS CITY 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 B Lewis*.....
Licensed Embalmer No. *487*.....
P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.