

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11650**

FILED APR 2 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2715**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>PIKE</b>	
b. CITY OR TOWN <b>ST. LOUIS MO.</b>	c. LENGTH OF STAY (In this place) <b>16 days</b>	c. CITY OR TOWN <b>BOWLING GREEN</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>MISSOURI BAPTIST</b>		e. STREET ADDRESS (If rural, give location) <b>0827</b>	

3. NAME OF DECEASED (Type or Print) <b>GARNET</b>	a. (First)	b. (Middle) <b>KENDRICK</b>	c. (Last) <b>WORTHINGTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 14 1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>FEB. 25, 1903</b>	9. AGE (In years last birthday) <b>53</b> IF UNDER 1 YEAR Months <b>18</b> IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING &amp; MINISTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING-MINISTER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CAENE MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>WILLIAM D. WORTHINGTON</b>	13b. MOTHER'S MAIDEN NAME <b>MADEL BIRB</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>492-42-7366</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CLARE WORTHINGTON</b> ADDRESS <b>BOWLING GREEN MO.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Pulmonary Embolism</b>	DUE TO (b) <b>Venous Thrombosis</b>		<b>15 min</b>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		<b>5 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Carcinoma Left lung</b>		<b>6-12 mo.</b>

19a. DATE OF OPERATION <b>2/10/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Branchogenic Carcinoma From Left Lobe Base of Lung</b>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>162X</b>

22. I hereby certify that I attended the deceased from **March 5, 1956**, to **March 14, 1956**, that I last saw the deceased alive on **March 14, 1956**, and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Carl Smith, M.D.</b>	23b. ADDRESS <b>634 N. Grand Street 3rd</b>	23c. DATE SIGNED <b>March 15, 56</b>
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>3-17-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BOWLING GREEN</b>
DATE REC'D BY LOCAL REG. <b>MAR 16 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>GRACE BANKHEAD</b> ADDRESS <b>BOWLING GREEN MO.</b>

8 ADM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Harold C. K...*

Licensed Embalmer No. 5

P. O. Address.....  
*Danville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.