THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 2 - 1956

STATE FILE NUMBER 34338

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4555

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firestone 20th and — Length of stay in this place: 10 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3114 East 10th st — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Grand Middle Lee Last Worthley

4. DATE OF DEATH: Month Oct. Day 17 Year 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec 3 1937
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter
10b. KIND OF BUSINESS OR INDUSTRY: Wright Heating and Aircondition
11. BIRTHPLACE (City and state or country): Otterville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert J. Worthley
14. MOTHER'S MAIDEN NAME: Agnes Wear

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Reserve 110 Eng.
16. SOCIAL SECURITY NO. 429-38-2150
17. INFORMANT: Lester Morton 6743 Lewis RR#3 LeeSummit Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Death due to Asphyxiation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inhalation of Gas in pit
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
INTERVAL BETWEEN ONSET AND DEATH: E 8953 11

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Working in a closed pit
20c. TIME OF INJURY Hour 3:30 p. m. Month, Day, Year 10-17-56
20d. INJURY OCCURRED WHILE AT WORK X NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Firestone Store
20f. CITY, TOWN, OR LOCATION Kans. City COUNTY Jackson STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 10-18-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 10-20-56
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City, (State) Missouri

24. FUNERAL DIRECTOR Mellody McGilley Eylar ADDRESS Kan, City Mo.
25. DATE RECD. BY LOCAL REG. 10-19-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Arthur Eugene G

Licensed Embalmer No.....4

P. O. Address.....K.C.

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.