

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37604

FILED DEC 11 1956

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MORRISON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRENEVALLEY REST HOME				Length of stay in 1b 6 days		d. STREET ADDRESS (If outside, give location) _____	
3. NAME OF DECEASED (Type or print) WILLIAM BRONSON WORSTALL				4. DATE OF DEATH Nov. 29-1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 25-1892	
9. AGE (In years last birthday) 64		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) RAILWAY LABORER				10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD		11. BIRTHPLACE (City and state or country) Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME WILLIAM WORSTALL				14. MOTHER'S MAIDEN NAME EVA FLASHER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. none		17. INFORMANT Frank Heck Morrison Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Tongue Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 20 mo	
19a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		Month _____ Day _____ Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from 8-24-55 to 11-29-56 and last saw ^{her} him alive on 11-28-56 Death occurred at 10:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Carew T. Shaw MD				22b. ADDRESS Hermann, Mo		22c. DATE SIGNED Dec-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/2/56		23c. NAME OF CEMETERY OR CREMATORY HERMANN Cemetery		23d. LOCATION (City, town, or county) (State) HERMANN Mo	
24. FUNERAL DIRECTOR HUGO H. Blomer		ADDRESS HERMANN Mo		25. DATE RECD. BY LOCAL REG. 12-2-56		26. REGISTRAR'S SIGNATURE Delma Gerken	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

192-

APR 15 1961

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
Licensed Embalmer No. 316

P. O. Address Hermann

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.