

FILED DEC 7 - 1956

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY - MO.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MOBERLY - MO</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>401 S. Morley</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>401 S. Morley</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>JEFFERSON DAVIS WORLEY</b> First Middle Last			4. DATE OF DEATH <b>Nov. 20 - 1956</b> Month Day Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov-11-1875</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>carpenter</b>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <b>81</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>SAMUEL WORLEY</b>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-16-8900</b>	
17. INFORMANT <b>Leota A. Worley - Moberly, Mo</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONI LOBER. Double</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>490.4</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 DA.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. 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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m.			
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 <b>11-16-56</b> to <b>11-20-56</b> and last saw <sup>her</sup> him alive on <b>11-19-56</b> Death occurred at <b>4105 H</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Reinhold Jolly DO.</b>		22b. ADDRESS <b>203 1/2 N. Clark, Moberly Mo</b>	
22c. DATE SIGNED <b>11-22-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>11-23-1956</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>New Florence</b>		23d. LOCATION (City, town, or county) (State) <b>New Florence MO</b>	
24. FUNERAL DIRECTOR <b>Theo H. Gooding - ATLANTA, MO.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>11/23/56</b>	
26. REGISTRAR'S SIGNATURE <b>Lea Shallowe</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Cause of death must be causally related. Cause cannot certify to a death due to natural causes.

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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 Thos. H. Goodding....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Thos. H. Goodding.....  
Licensed Embalmer No...3.

P. O. Address Atlanta,

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.