

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5898

State File No.

FILED MAR 4 1957

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 72			
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Charles		c. LENGTH OF STAY (in this place) 23 days		c. CITY OR TOWN Martinsburg		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) Thomas		c. (Last) Worland		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 13, 1882		9. AGE (In years last birthday) 74	
						Months 5		Days 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Silas Worland			13b. MOTHER'S MAIDEN NAME (?) Hogan			14. NAME OF HUSBAND/OR WIFE Elizabeth Farnen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. Worland, 8619 Octavia, St. Louis.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiac Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy						INTERVAL BETWEEN ONSET AND DEATH 2 yrs ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442x					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?					
22. I hereby certify that I attended the deceased from June 10, 1956, to Feb. 21, 1957, that I last saw the deceased alive on Feb. 21, 1957, and that death occurred at 12:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED Feb. 21, 1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE (Feb. 23, 1957)		24c. NAME OF CEMETERY OR CREMATORY Worland Cemetery		24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.			
DATE REC'D BY LOCAL REG. FEB 22 1957		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wells Funeral Home, Wellsville, Mo.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James R. [Signature]*

Licensed Embalmer No. *483*
P. O. Address *[Signature]*

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.