FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8424

STATE FILE NUMBER

13777-57 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Harrison	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany 0 — Inside Limits Yes X No ☐	c. CITY OR TOWN rural 0 3800 — Inside Limits Yes ☐ No X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Reid Hospital — Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) Carmack Comm. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Penny Middle Kay Last Worden		4. DATE OF DEATH Month March Day 12 Year 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 9 1957
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days 5	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bethany, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Lawrence Worden		14. MOTHER'S MAIDEN NAME Pauline Steel	
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.	17. INFORMANT Lawrence Worden Address Albany, 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) Premature (6 mos.) birth — INTERVAL BETWEEN ONSET AND DEATH 3 days

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) 776X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Mar. 9-57, to Mar 12-57 and last saw her alive on Mar 12-57. Death occurred at 10:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. I. Pray, D.O. 2	22b. ADDRESS Albany, Mo	22c. DATE SIGNED 3-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Mar 13 57	23c. NAME OF CEMETERY OR CREMATORY Grandview	23d. LOCATION (City, town, or county) (State) Albany, Missouri
24. FUNERAL DIRECTOR Clifford Brooks ADDRESS Albany, Mo.		25. DATE RECD. BY LOCAL REG. Mch. 16-57	26. REGISTRAR'S SIGNATURE Zola Burris

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

16-0

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 was not embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E. Cockell

Licensed Embalmer No. 48

P. O. Address Albany,

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.