

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

State File No. **30741**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5037** Registrar's No. **215**

1. PLACE OF DEATH a. COUNTY ANDRAN		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D., MEXICO		c. LENGTH OF STAY (in this place) 5 1/2 mo	c. CITY OR TOWN RURAL-JEFFERSON TWP.
d. FULL NAME OF HOSPITAL OR INSTITUTION NEILL REST HAVEN HOME		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R.F.D., STARTSVILLE	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) JANE	c. (Last) WORKMAN	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 11, 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 19, 1857	9. AGE (In years) (Last birthday) 99	if UNDER 1 YEAR Months	if UNDER 4 Hrs. Hours	if UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DAVID BAILEY	13b. MOTHER'S MAIDEN NAME MARGARET CAMPBELL	14. NAME OF HUSBAND OR WIFE GEORGE WORKMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ray Young	18. ADDRESS 517 Summit MEXICO, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Cranial arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) (Min.)	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 **5-13**, 19**57**, to **9-11**, 19**57**, that I last saw the deceased alive on **9-11**, 19**57**, and that death occurred at **4:17 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE James D. ...	(Degree or title) M.D.	23b. ADDRESS Union ...	23c. DATE SIGNED 9-13-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 13, 1957	24c. NAME OF CEMETERY OR CREMATORY PRESANT HILL CEM	24d. LOCATION (City, town, or county) (State) MONROE CO., MO.
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DATE REC'D BY LOCAL REG. 9-13-1957	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakely	ADDRESS PARIS, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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... *E.H. Ognew*

Licensed Embalmer No. 4000

P. O. Address.... PARIS, MISSOURI

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.