

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1957

31138

STATE FILE NUMBER

 Registration District No. 61 Primary Registration District No. 5236 Registrar's No. 441

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar 3</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Anderson</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>El Dorado Springs</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                               | c. CITY OR TOWN <u>Mexico 0043</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East 1 mi. 54 Highway</u> Length of stay in lb   |                               | d. STREET ADDRESS (If outside, give location) <u>628 E. Brown</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>     |  |
| 3. NAME OF DECEASED (Type or print) First <u>Barbara</u> Middle <u>E.</u> Last <u>Worley</u>  |                               |  | 4. DATE OF DEATH Month <u>10</u> Day <u>8</u> Year <u>57</u>                                   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 26, 1883</u>   |
| 9. AGE (In years last birthday) <u>74</u>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>   | 11. BIRTHPLACE (City and state or country) <u>Missouri</u>                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>   |
| 13a. FATHER'S NAME <u>Alexander Layton</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Millie Bundege</u>  | 14. NAME OF HUSBAND OR WIFE <u>Herman F. Worley</u>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no none</u>   |                               | 16. SOCIAL SECURITY NO. <u>-</u>   | 17. INFORMANT <u>Layton W. Worley, Ok. City, Ok.</u> Address <u>604 Rancho Dr.</u>             |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Skull Fracture - Crushed Chest</u><br><u>Compound Fracture both legs</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)<br>DUE TO (c) |                               |  | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                               |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" 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.) <u>Auto Accident</u>  |  |
| 20c. TIME OF INJURY Hour <u>1:15</u> Month, Day, Year <u>10-8-57</u>  |                               | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>54 Highway 1 mi. E. El Dorado, Mo.</u>                       |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20f. CITY, TOWN, OR LOCATION <u>El Dorado Springs, Mo.</u> COUNTY STATE  |  |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |  |  |
| 22a. SIGNATURE (Degree or title) <u>W. J. Swinn, Coroner 3</u>  |                               | 22b. ADDRESS <u>El Dorado Springs, Mo.</u>   |  |
| 22c. DATE SIGNED <u>10-9-57</u>   |                               |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  | 23b. DATE <u>10-9-57</u>      | 23c. NAME OF CEMETERY OR CREMATORY   | 23d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>                               |
| 24. FUNERAL DIRECTOR <u>Swinn Brothers - El Dorado Springs, Mo.</u> ADDRESS   |                               | 25. DATE RECD. BY LOCAL REG. <u>10-9-57</u>  | 26. REGISTRAR'S SIGNATURE <u>George W. Moses</u>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS SEP 1 1959

456, 1 & 100  
OCT 31 1957

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 *May W. Beckering* .....

Licensed Embalmer No. *7696* .....  
P. O. Address *El Dorado, Ky* .....

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.