

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

77167-57 58-006675

STATE FILE NUMBER

FILED FEB 26 1958

Registration District No. 273 Primary Registration District No. 5919 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PERRY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>SALINE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY <u>PERRYVILLE MO</u> OR TOWN <u>RR#1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO MO</u>		Length of stay in 1b <u>7 WEEKS</u>		d. STREET ADDRESS <u>RR#1</u> (If outside, give location) <u>0790</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>PAUL</u> Last <u>WORLEY</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>5</u> Year <u>1958</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 13 1957</u>		9. AGE (In years last birthday) Months <u>1</u> Days <u>22</u> Hours <u></u> Min. <u></u>		IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PERRYVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JIMMIE WORLEY</u>				14. MOTHER'S MAIDEN NAME <u>NORMA LAWRENCE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Jimmie Worley Perryville Mo RR#1</u> 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) <u>Suffocation</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>due to vomitus in respiratory tract.</u>		DUE TO (c) <u>Minor Upper Respiratory Infection</u>		10 min? 1 week.	
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? <u>475X</u> 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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
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 <u>Jan. 31</u> to <u>Feb. 5</u> and last saw <u>her</u> alive on <u>Feb 4/58</u> Death occurred at <u>430 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <u>Joseph F. Lutkewitz MD</u>				22b. ADDRESS <u>ST. Marys Mo</u>		22c. DATE SIGNED <u>2/5/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL FEB 5 1958</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u>		23d. LOCATION (City, town, or county) (State) <u>ST MARYS MO</u>	
24. FUNERAL DIRECTOR <u>Lee Paul Sr. Eureka Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2-7-58</u>		26. REGISTRAR'S SIGNATURE <u>Joe J. Gallner</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Adrian J. Ehler*

Licensed Embalmer No. *47*

P. O. Address *Ste. Dunes*

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.