

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018626  
STATE FILE NUMBER

FILED JUN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2547

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY (If outside, give location) OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		d. STREET ADDRESS (If outside, give location) <b>3557 Genesee</b>	
Length of stay in lb <b>35 Years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Maude</b> Middle <b>LOUISE</b> Last <b>Worthley</b>			4. DATE OF DEATH Month <b>5</b> Day <b>18</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Jan 1, 1872</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>18</b> Hours <b>1958</b>	IF UNDER 24 HRS. Hours <b>1958</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fur Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Samuel Worthley</b>	13b. MOTHER'S MAIDEN NAME <b>Salley A. Hume</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Gertrude Bott, 4221 Kenwood</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>49 1/2</b>
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)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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
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21. I attended the deceased from <b>April 29, 1958</b> to <b>May 18, 1958</b> and last saw her alive on <b>May 18, 1958</b> Death occurred at <b>1:45 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>B. I. Burns</i> (Degree or title) <b>MD</b>	22b. ADDRESS <b>24th &amp; Cherry</b>	22c. DATE SIGNED <b>5-19-58</b>
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23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-21-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Trenton, Missouri</b>
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24. FUNERAL DIRECTOR <b>Freeman Mortuary, Kansas City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-19-58</b>	26. REGISTRAR'S SIGNATURE <i>Neva Minshel</i>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

B. I. Burns

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

22

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 *Walter H. Carwi*

Licensed Embalmer No. *4352*

P. O. Address *H. C. m*

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.