

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042947

STATE FILE NUMBER

FILED DEC 4 1958

Registration District No. 323

Primary Registration District No. 4474

Registrar's No. 33

Health,
Welfare
Public
Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

CHARLES A. WORTLEY, M.D.

1. PLACE OF DEATH a. COUNTY SALINE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MAYVIEW 0540		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FORSYTHE RESTORIAN			Length of stay in lb 34 days			d. STREET ADDRESS (If outside, give location) 3 Mi. E. of MAYVIEW	
3. NAME OF DECEASED (Type or print) First STEPHEN Middle — Last POOL				4. DATE OF DEATH Month NOV. Day 21 Year 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 29 1877		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) LAFAYETTE CO. MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME CHARLES H. POOL				14. MOTHER'S MAIDEN NAME SARAH KLAPP			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-42-1906		17. INFORMANT Address CHARLES W. POOL MAYVIEW MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure						INTERVAL BETWEEN DEATH AND DEATH SKIN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis						benign	
DUE TO (c) Senile						4500	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Unhealed Compound Mid High Stump leg						19. WAS AUTOPSY PERFORMED? 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 _____ Month _____ Day _____ 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		CITY _____ COUNTY _____ STATE _____	
21. I attended the deceased from Oct 1958 to Nov 1958 and last saw her alive on Nov 21 Death occurred at 5 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles A. Wortley, M.D.				22b. ADDRESS Sweet Springs, Mo.		22c. DATE SIGNED 11-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 23 1958	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		23d. LOCATION (City, town, or county) (State) HIGGINSVILLE MO.		
24. FUNERAL DIRECTOR A.H. HAGER FUNERAL HOME A. Hager				25. DATE RECD. BY LOCAL REG. Nov. 30, 1958		26. REGISTRAR'S SIGNATURE Mary Mosley	

(Licensed Embalmer's Statement on Reverse Side)

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 *William T. Spar*

Licensed Embalmer No. *HA*

P. O. Address *Odes*

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.