

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001051

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 10

G.D. Calloway, Jr., M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mountain Grove 1141
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION Ruffin Rest Home		Length of stay in lb 20 days	d. STREET ADDRESS (If outside, give location) 1115 North Park
3. NAME OF DECEASED (Type or print) First Middle Last Ira Virgil Workman			4. DATE OF DEATH Month Day Year January 1, 1959
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 November 28, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Laborer & Practical Nursing		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 82 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Tanner, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nathan Workman		13b. MOTHER'S MAIDEN NAME Martha Combs	14. NAME OF HUSBAND OR WIFE Amanda Victoria Workman
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. ?	17. INFORMANT Address Lawrence Workman - Stella, Nebraska
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Prostate			INTERVAL BETWEEN ONSET AND DEATH 6 mo
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) 177X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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, Year 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
21. I attended the deceased from Dec 14, 1958 to Jan 1, 1959 and last saw him alive on Dec 31, 1958 Death occurred at 11:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G.D. Calloway, Jr. M.D. (Degree or title)		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED Jan 5 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE January 3, 59	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Wright County, Missouri
24. FUNERAL DIRECTOR Barber Funeral Home ADDRESS Mtn. Grove, Mo		25. DATE RECD. BY LOCAL REG. 1-5-59	26. REGISTRAR'S SIGNATURE Effie G. Melton

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 *George Stapp*

Licensed Embalmer No. *3161*

P. O. Address *Mt. Lowe, Va.*

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.