

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010481  
STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 282 Primary Registration District No.

Registrar's No. 36

300  
1-57-3

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural - Madison</i>		c. CITY OR TOWN <i>Lex Wood Kansas</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. Humberdville Mo.</i>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Elna Bernice Worland</i>			4. DATE OF DEATH Month Day Year <i>Mar. 13 - 1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 9 - 1904</i>		9. AGE (In years last birthday) <i>55</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Homemaking</i>		11. BIRTHPLACE (City and state or country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Hary Worland</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Walter Hoodeney - Bol. Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Proper Neck</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Crushing Head injuries</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i>	
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.) <i>Two Car Wreck on Highway 13 at Dunnebor, Mo.</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>084</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Dunnebor, Mo.</i>	
20f. CITY, TOWN, OR LOCATION <i>Dunnebor - Polk Mo.</i>		20g. COUNTY <i>Polk</i>		20h. STATE <i>Mo.</i>	
21. I attended the deceased from Death occurred at <i>11:30 A.M.</i> to <i>11:30 A.M.</i> and last saw her alive on <i>11:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Esidney J. Pitta - Coroner Co. 3</i>		22b. ADDRESS <i>Bolivar, Mo.</i>	
22c. DATE SIGNED <i>3 14, 1959</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Mar. 16 - 59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood Cemetery</i>		23d. LOCATION (City, town, or county) <i>Kansas City Mo</i>		23e. STATE <i>Mo</i>	
24. FUNERAL DIRECTOR <i>Pitta Funeral Home - Bolivar, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-14-1959</i>		26. REGISTRAR'S SIGNATURE <i>Ralph Gorden</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use only standard nomenclature in item 18. An appropriate note on reverse. All diseases in Part I must be causally related.

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 *Sidney J. Pitts* .....

Licensed Embalmer No. *4939* .....

P. O. Address *Baltimore, Md* .....

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.