

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008456

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 128

Primary Registration District No. _____

Registrar's No. 243

STATE FILE NUMBER

FILED MAR 27 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	a. STATE Mo.	b. COUNTY Greene
Length of stay in 1b 10 years		c. CITY OR TOWN Springfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Hospital		d. STREET ADDRESS 1623 Irving	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First JAMES	Middle HARRY	Last WORTHY	4. DATE OF DEATH	Month March	Day 7	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6/28/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 8 Days 9	IF UNDER 24 HR Hours 9 Min.
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10a. OCCASION (If kind of work done during most of working life, ever retired) Religion, and Hanger	10b. KIND OF BUSINESS OR INDUSTRY Ret. Minister	11. BIRTHPLACE (City and state or country) St. James, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Robert Worthy	13b. MOTHER'S MAIDEN NAME Amanda Davenport	14. NAME OF HUSBAND OR WIFE Mickie (unknown)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. WW1	17. INFORMANT Paul Worthy, St. Louis, Mo.	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardio-Vascular Disease		
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.	Month, Day, Year
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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 3/6/61, to 3/7/61 and last saw him ^{be}live on 3/7/61
Death occurred at 2:11 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Luman D. Brown M.D.	22b. ADDRESS 311 1/2 College	22c. DATE SIGNED 3/21/61
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23a. BURIAL, CREMATION, RESOVAL (Specify) Burial	23b. DATE 3/10/1961	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, Town, or county) (State) Springfield Mo.
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24. FUNERAL DIRECTOR Ralph Thieme	ADDRESS 1200 Boonville Spgfld, Mo.	25. DATE RECD. BY LOCAL REG. 3-21-61	26. REGISTRAR'S SIGNATURE Effie S. Melton
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUN 1 1961

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 Harold F. Fittell

Licensed Embalmer No. 5079

P. O. Address Spfld, Mo.

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.