

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020685

STATE FILE NUMBER

AMENDED

Registration District No. 64 Primary Registration District No. 4109 Registrar's No. 27

FILED JUN 27 1961

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Keytesville</b>		Length of stay in lb <b>all his life</b>		c. CITY OR TOWN <b>Keytesville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>405-Grand Ave.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>405-Grand Ave</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Wilburth</b> Middle <b>Worsham</b> Last <b>Worsham</b>			4. DATE OF DEATH Month <b>June</b> Day <b>13th</b> Year <b>1961</b>										
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5-23-1864</b>		9. AGE (last birthday) <b>97</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rural Mail Carrier Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>				11. BIRTHPLACE (City and state or country) <b>Forrest Green, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John Worsham</b>				13b. MOTHER'S MAIDEN NAME <b>Elizabeth Forrest</b>				14. NAME OF HUSBAND OR WIFE <b>Nancie Nichols</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Leta Davis Carrollton, Mo.</b>							
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>Generalized arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Advanced age</b> DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>								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					
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, 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 <b>Nov 11, 1968</b> to <b>June 13, 1961</b> and last saw her/him alive on <b>June 13, 1961</b> Death occurred at <b>5:00 P.</b> on the date stated above and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>F. L. ... MD</b> (Degree or title)						22b. ADDRESS <b>Salisbury, Mo</b>			22c. DATE SIGNED <b>6/16/61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)						
<b>Burial</b>		<b>6-15-1961</b>		<b>Asbury Cemetery</b>			<b>Chariton County, Mo.</b>						
24. FUNERAL DIRECTOR ADDRESS <b>H. D. ... Keytesville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-18-61</b>		26. REGISTRAR'S SIGNATURE <b>Opal Le Spence</b>							

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 *N. D. Gamrott*

Licensed Embalmer No. 3046

P. O. Address Key West

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.