

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029805

STATE FILE NUMBER

Registration District No. 746 Primary Registration District No. 3026 Registrar's No. 437

AMENDED

FILED SEP 5 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in lb 8 yrs.	c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. INDEP. SAN. & HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 909 NO. GRAND AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EUGENE R. WORLEY			4. DATE OF DEATH Month Day Year AUGUST 30, 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-9-1912
9. AGE (last birthday) 48		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) MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY CITY BLOCK & PRODUCTS CO. LACLEDE CO., MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME NEELEY WORLEY		13b. MOTHER'S MAIDEN NAME MAUDE MAY MALONE	14. NAME OF HUSBAND OR WIFE LAVERN WORLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		17. INFORMANT Address Lavern Worley, 909 No. Grand, Indep., 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) <i>Shock + hemorrhage resulting from fracture neck of ribs, several left costal arteries + fractured left lung</i> DUE TO (b) <i>fracture neck of ribs, several left costal arteries + fractured left lung</i> DUE TO (c) <i>fracture neck of ribs, several left costal arteries + fractured left lung</i> 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			INTERVAL BETWEEN ONSET AND DEATH
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>piece of metal passed into</i>	
20c. TIME OF INJURY Hour a.m. p.m. <i>8:30:00</i>	Month, Day, Year <i>10-30-61</i>	<i>ribs + into lung</i>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <i>factory</i>	20f. CITY, TOWN OR LOCATION <i>Independence Jackson Mo</i>	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <i>Eugene R. Worley</i>		22b. ADDRESS <i>6627 Products Ave</i>	22c. DATE SIGNED <i>8-31-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-1-61	23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY	23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. 8-31-61	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>

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

VS SEP 11 1961 SA

SEP 8 1961

STATEMENT BY LICENSED EMBALMER

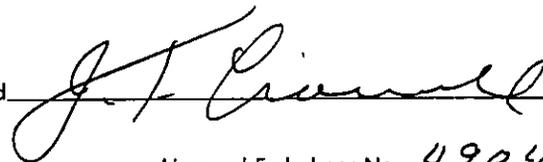
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4904

P. O. Address K.C., 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.