

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035789  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 18 Primary Registration District No. 3002 Registrar's No. 246

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY **Audrain**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo** b. COUNTY **Audrain**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Mexico** Length of stay in 1b **1 Day**

c. CITY OR TOWN **Mexico** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Audrain Hospital** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **302 W. Blvd.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Jennie** Middle **Lee** Last **Hitt Worrell**

4. DATE OF DEATH Month **Nov.** Day **1** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **3/31/68** 9. AGE (last birthday) **93**

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) **Widow at home** 10b. KIND OF BUSINESS OR INDUSTRY **Audrain Co., Mo.** 11. BIRTHPLACE (City and state or country) **USA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Abram C. Hitt** 13b. MOTHER'S MAIDEN NAME **Caroline Netherton** 14. NAME OF HUSBAND OR WIFE **R. D. Worrell, Dec'd**

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 **R. O. Worrell, Mexico, 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) **Cardiac failure**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cardiovascular renal disease**  
DUE TO (c) **Atherosclerosis of aorta**  
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.  
 Yes  No  Unknown

INTERVAL BETWEEN ONSET AND DEATH **3 days**  
**2 yrs**

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **Oct 31, 1961** to **Nov 1, 1961** and last saw her alive on **Nov 1, 1961**  
Death occurred at **11:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **H. K. Kellum M.D.** 22b. ADDRESS **Mexico, Mo** 22c. DATE SIGNED **11-3-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **11-4-61** 23c. NAME OF CEMETERY OR CREMATORY **Elmwood Cemetery** 23d. LOCATION (City, town, or county) (State) **Mexico, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Arnold Funeral Home, Mexico, Mo.** 25. DATE RECD. BY LOCAL REG. **Nov 4-1961** 26. REGISTRAR'S SIGNATURE **Blanche Stealy**

MAR 23 1966

NOV 21 1967

**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 Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Merino, 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.