

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038035

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 250 Primary Registration District No. _____ Registrar's No. 68

FILED NOV 6 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY PLATTE	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARKVILLE	a. STATE MO.	b. COUNTY PLATTE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE # 5		c. CITY OR TOWN PARKVILLE	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in lb 2MO.		d. STREET ADDRESS ROUTE # 5 (box 260)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First HARRELL	Middle JAMES	Last WORTHY	4. DATE OF DEATH	Month OCTOBER	Day 28	Year 1961
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5. SEX MALE	6. COLOR OR RACE CAUC	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-27-1929	9. AGE (last birthday) 32	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY for OTTO TRANSPORT	11. BIRTHPLACE (City and state or country) ALMARTHA, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ORVILLE WORTHY	13b. MOTHER'S MAIDEN NAME LILLIE DURHAM	14. NAME OF HUSBAND OR WIFE JUANITA WORTHY
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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 II W.W.	17. INFORMANT Address MRS. ALICE JONES 7807 E.II3 ST.K.C.3MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) CARBON MONOXIDE POISONING	
DUE TO (b) AUTO EXHAUST FUMES	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE SUICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <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 _____ 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 _____
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21. I attended the deceased from _____ to _____ and last saw her him alive on _____
Death occurred at approx. 2p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>Robert M. Giffes, Coroner</i>	(Degree or title)	22b. ADDRESS PLATTE CITY, MISSOURI	22c. DATE SIGNED 10-28-1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-28-61	23c. NAME OF CEMETERY OR CREMATORY Eva	23d. LOCATION (City, town, or county) (State) AVA, MISSOURI
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24. FUNERAL DIRECTOR CLINKINGBEARD & SONS F.H. AVA, MO.	25. DATE RECD. BY LOCAL REG. 10.28.1961	26. REGISTRAR'S SIGNATURE <i>B. Phia Rollins</i>
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AMENDED
 DATE AMENDED
 THIS RECORD IS AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

NOV 10 1961

NOV 21 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 John V. Hennick
Licensed Embalmer No. 5848

P. O. Address H-6-17, 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.