

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006983

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 23

<b>FILED MAR 5 1962</b>		<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jefferson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DeSoto</u>		a. STATE <u>Mo.</u> <u>Jefferson</u>	
Length of stay in 1b <u>3 yrs</u>		c. CITY OR TOWN <u>DeSoto</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>100 N. 2nd St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>100 N. 2nd St.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>3. NAME OF DECEASED</b> First Middle Last		<b>4. DATE OF DEATH</b> Month Day Year	
<u>William G. Workman</u>		<u>Feb. 26, 1962</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9-15-1885</u>	<b>9. AGE (last birthday)</b> <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Minister</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Ministry</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Illinois</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lillian M Workman</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT</b> <u>Lillian M. Workman</u>		<b>Address</b> <u>DeSoto, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>Arteriosclerosis of Aorta</u>					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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>2/9/62</u> to <u>2-25-62</u> and last saw him alive on <u>2/25/62</u> Death occurred at <u>2-26-62</u> <u>5:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>Carl J. Fallet MD</u>			<b>22b. ADDRESS</b> <u>DeSoto, Mo.</u>		<b>22c. DATE SIGNED</b> <u>2/26/62</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>2-28-1962</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mountain View</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>DesArc. Mo.</u>
<b>24. FUNERAL DIRECTOR</b> <u>Mahn Funeral Home DeSoto, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>2-28-1962</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Marie Farris</u>

(Licensed Embelmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF

MAR 2 1962

**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 Daniel J. Mahan

Licensed Embalmer No. 4326

P. O. Address Albion, Mich

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.