

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016187

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 119

FILED MAY 1 1962

1. PLACE OF DEATH
 a. COUNTY Nodaway
 b. CITY (If outside corporate limits, give TOWNSHIP only) Maryville Length of stay in lb OR TOWN 33 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 128 South Main Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Nodaway
 c. CITY OR TOWN Maryville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 128 South Main Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
SALLIE LUCRETIA WORKMAN
 4. DATE OF DEATH Month Day Year
4 17 62

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7/20/78 9. AGE (last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (City and state or country) London Mills, Ill. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wallace Tillman 13b. MOTHER'S MAIDEN NAME Ellen Eggers 14. NAME OF HUSBAND OR WIFE Clarence W. Workman

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. none 17. INFORMANT Address Mrs. J. Ray Cook, Maryville, 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) Acute Ventricular Fibrillation
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary Insufficiency
 DUE TO (c) Coronary Atherosclerosis
 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

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
4:15 p.m. 4/17/62

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 4/17/62 to 4/17/62 and last saw her ^{her} alive on 4/16/62
 Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS Maryville, Missouri 22c. DATE SIGNED 4/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 4/19/62 23c. NAME OF CEMETERY OR CREMATORY Workman Chapel 23d. LOCATION (City, town, or county) (State) Nodaway County, Missouri

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo. 25. DATE RECD. BY LOCAL REG. 4-28-62 26. REGISTRAR'S SIGNATURE [Signature]

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

3745

20745

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9420-1

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1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville 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.