

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

REC'D MAY 18 1938

14186
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 84
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) _____
 2. PRINT FULL NAME Wm N. Worthington 635
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) _____
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DK.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 ? ?
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) DK 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK. 9
 FATHER 13. NAME DK. 19
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK 12
 MOTHER 15. MAIDEN NAME DK 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1938, to April 2, 1938
 I last saw him alive on April 1, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with Cardiac degeneration DK.
 Date of onset _____
 Other contributory causes of importance: 932-
Senile Generalized Arteriosclerosis DK
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Jas R. Thueley, M. D.
 (Address) Fulton, Mo.

17. INFORMANT (ADDRESS) Hosp. Records
Fulton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Louiseville Cem DATE Apr. 3 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Elmore
Bowling Green Mo
 20. FILED Apr 2, 1938 R. M. Elmore
Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.