

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 422

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4065 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thos.</u> b. (Middle) <u>A.</u> c. (Last) <u>Wormsley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-15-1949</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-26-1974</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR: Months _____ Days <u>19</u>	IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Robt Wormsley</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Garber</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Wormsley</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John Wormsley</u> ADDRESS <u>Polo Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Few hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> many years		
	DUE TO (c) <u>Generalized Arteriosclerosis</u> many years		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u> <u>Chronic nephritis</u> many years		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Oct 12, 1948, to Jan 15, 1949, that I last saw the deceased alive on Nov. 11, 1949, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Goldberg</u> (Degree or title)	23b. ADDRESS <u>Braymer, Mo.</u>	23c. DATE SIGNED <u>1/16/49.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawsom</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 19 49</u>	REGISTRAR'S SIGNATURE <u>Glady's Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alphonsus Cowley</u> ADDRESS <u>Polo Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Wesley H. Hallenmon

Student Embalmer No. *77*

working under my personal supervision.

Student
Student Embalmer

Signed

Dean A. Alspaugh

Licensed Embalmer No. *2908*

P. O. Address *Polo 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 this body is not embalmed, fact should be so stated above.