

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3858

State File No.

FILED JAN 18 1949

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6230 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill (Rural) Metz</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill (Rural) Metz</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. N W. Metz Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. N. W. Metz Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thaddaeus</u>	b. (Middle) _____	c. (Last) <u>Worthington</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 13, 1908</u>	9. AGE (in years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Hume, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Oscar Worthington</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Bogan</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys H. Worthington</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Worthington</u>	ADDRESS <u>Rich Hill</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Nov 1947 to Jan 1949, that I last saw the deceased alive on Dec 27, 1948 and that death occurred at 11:40 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Wm H. Allen, M.D.</u> (Degree or title)	23b. ADDRESS <u>Hume Mo</u>	23c. DATE SIGNED <u>1/5/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hume Mo Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hume Mo</u>
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DATE REC'D BY LOCAL REG. <u>1/6/49</u>	REGISTRAR'S SIGNATURE <u>Kathryn Nancy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>331</u>	ADDRESS <u>Konantz Mortuary Fort Scott, Ks</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

08
2
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RECEIVED

District Health Officer No. 7,

District File No. 12-48-1601

Date filed 1-17-49

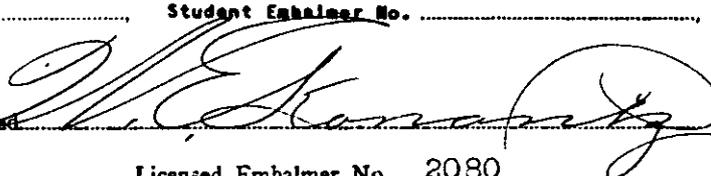
STATEMENT BY LICENSED EMBALMER

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.

Signed.....
Student Embalmer

Signed



Licensed Embalmer No. 2080

P. O. Address Fort Scott, Kansas

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.