

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19062

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford 28			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cherryville		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Clinic				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Florence		a. (First)		b. (Middle) Elizabeth		c. (Last) Worley	
4. DATE OF DEATH May 30-49		4. DATE (Month) (Day) (Year)		5. SEX female		6. COLOR OR RACE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 19-1885		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (State or foreign country) Crawford Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Dan Kreamelmyer		13b. MOTHER'S MAIDEN NAME Emiline Harris		14. NAME OF HUSBAND OR WIFE Tudor Worley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Kreamelmyer Steelville Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6ds.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia bilateral		ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis				497A	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 28, 1949, to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 9:10 P. m., from the causes and on the date stated above.							
23a. SIGNATURE M.M. Hart M.D. (Degree or title)				23b. ADDRESS Salem Mo.		23c. DATE SIGNED June 4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 2-49		24c. NAME OF CEMETERY OR CREMATORY Freeman Cem.		24d. LOCATION (City, town, or county) (State) near Cherryville Mo.	
DATE REC'D BY LOCAL REG. June 2-49		REGISTRAR'S SIGNATURE M.M. Hart M.D. - 83		25. FUNERAL DIRECTOR'S SIGNATURE L.H. ... + Son Steelville, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 7/5/49

District Health Officer No. 5,

District File Number 74942 B

Date Filed 7/5/49

JUL 8 1949

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 *Roy M. Jones*

*was not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Roy M. Jones*

Licensed Embalmer No. *2628*

P. O. Address *Steehiale M*

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.