

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

41379

5366

|  |  |  |  |  |   |  |  |   |  |
|--|--|--|--|--|---|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1022</u>   |   | Registrar's No. _____  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |   |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>   |  | c. LENGTH OF STAY (in this place)<br><u>Unknown</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>1510 Michigan Avenue</u> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>1510 Michigan Avenue</u>   |   |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>STEPHEN</u>  |  |  | b. (Middle) _____                        |  | c. (Last) <u>WORDEN</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>DECEMBER 13 1949</u> |   |  |
| 5. SEX <u>MALE</u>   |  | 6. COLOR OR RACE <u>NEGRO</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u>   |   | 8. DATE OF BIRTH<br><u>SEPTEMBER 10 1869</u>                               |  | 9. AGE (In years last birthday) <u>80</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>LABORER</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>NONE</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>DONT KNOW</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                 |  |   |  |
| 13a. FATHER'S NAME<br><u>ASBERRY WORDEN</u>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>LENA</u> |  |   | 14. NAME OF HUSBAND OR WIFE<br><u>DONT KNOW</u>                            |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>NO</u>   |  | 16. SOCIAL SECURITY NO. (If yes, give year or date of service)<br><u>NONE</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>JOHN WORDEN</u>  |   |  |  | ADDRESS<br><u>2114 Montgall</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.</i>   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>UREMIA (CLINICAL)</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>443X</u>  |  |  |   |  |  | 20. AUTOPSY?<br>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)  |  | 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 <u>11-26</u> , <u>1949</u> , to <u>12-13</u> , <u>1949</u> , that I last saw the deceased alive on <u>12-13</u> , <u>1949</u> , and that death occurred at <u>8:00P</u> m., from the causes and on the date stated above. |  |  |  |  |   |  |  |   |  |
| 23a. SIGNATURE <u>E. Frank Elita</u> (Degree or title)   |  |  |  | 23b. ADDRESS<br><u>600 East 22nd Street</u>  |   |  | 23c. DATE SIGNED<br><u>12-14-49</u>                              |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |  | 24b. DATE<br><u>12-17-49</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>HIGHLAND</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>K.C. Mo.</u>           |  |   |  |
| DATE REC'D BY LOCAL REG.<br><u>12-17-49</u>  |  | REGISTRAR'S SIGNATURE<br><u>Sheraldine Holmes</u>  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Phym &amp; Greenstreet</u> |  | ADDRESS<br><u>K.C. Mo.</u>                                       |   |  |

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. G. Flynn* .....

Licensed Embalmer No. *4383* .....

P. O. Address *1819 E. Truman Rd* .....

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.