

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4240

State File No. ....

220

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5281 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GARRISON</u>		c. LENGTH OF STAY (in this place) <u>65 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GARRISON</u>		<u>0220</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 MILE N.W. GARRISON, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>1 MILE N.W. GARRISON, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WORKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 29 1950</u>					
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>11-20-1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>			
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 _____	11. BIRTHPLACE (State or foreign country) <u>CHADWICK MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>RICHARD WORKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA MITCHELL</u>		14. NAME OF HUSBAND OR WIFE <u>SALLIE WORKMAN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. SALLIE WORKMAN GARRISON, MO.</u>						
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <u>Atherosclerosis</u> Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH           <u>4201</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Jan. 29</u> , 1950, to <u>Jan. 29</u> , 1950, that I last saw the deceased alive on <u>Jan. 29</u> , 1950, and that death occurred at <u>11:59 A.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Warren H. Wilson M.D.</u>		23b. ADDRESS <u>Sparks, Mo.</u>		23c. DATE SIGNED <u>Jan-31-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-1-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GARRISON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GARRISON MISSOURI</u>					
DATE REC'D BY LOCAL REG. <u>Feb 28-50</u>	REGISTRAR'S SIGNATURE <u>Lillie Barr</u> 58		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Davis, Clave, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 4 1950

District Health Office No. 6,

District File Number 350-286

Date Filed 3-4-50

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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 John H. Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.