

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4343**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **10**

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

1. PLACE OF DEATH a. COUNTY <b>COOPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONVILLE</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>200 McROBERTS ST.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>MRS EDNA ELSIE WORTS</b>			4. DATE OF DEATH <b>FEB. 8 - 1950</b>		
a. (First)	b. (Middle)		c. (Last)		d. (Month) (Day) (Year)
<b>MRS</b>	<b>EDNA</b>		<b>ELSIE</b>		<b>WORTS</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC. 16 - 1883</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>COOPER COUNTY - MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JAMES L. PAINTER</b>	13b. MOTHER'S MAIDEN NAME <b>MOLLIE BABBITT</b>	14. NAME OF HUSBAND OR WIFE <b>LESLIE WORTS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WILLARD WORTS - BOONVILLE, MO.</b>
(If yes, give war or date of service)		ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>			<b>2-8-50</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. — It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (b) _____		
	DUE TO (c) _____		<b>4051</b>
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Hemorrhage</b>		<b>1-4-50</b>

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 **Jan 4**, 19**50**, to **Feb 8**, 19**50**, that I last saw the deceased alive on **Feb 8**, 19**50**, and that death occurred at **3:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>T C Beckett MD</b>	23b. ADDRESS <b>Boonville, Mo</b>	23c. DATE SIGNED <b>2-9-50</b>
(Degree or title)		

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 10 - 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BOONVILLE - MO.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 9 - 1950</b>	REGISTRAR'S SIGNATURE <b>D G Hooper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEGNER FUNERAL HOME</b>	ADDRESS <b>BOONVILLE</b>

RECEIVED FEB 13  
District Health Officer No. 8,  
District File Number \_\_\_\_\_

Date Filed 2-24-50

APR 3 1950

JUL 26 1961

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 James W. Stegner  
Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.