No. 300
10.48

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22461

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6113 Registrar's No. 23

1. PLACE OF DEATH.
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 1000
d. STREET ADDRESS (If rural, give location): Benton

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) WILEY c. (Last) WORLEY
4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1-7-1888
9. AGE (In years last birthday): 62 IF UNDER 1 YEAR: Months 4 Days 17 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Benton Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Sam
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 496-32-9330
17. INFORMANT'S SIGNATURE OR NAME: Mrs Joe Smith ADDRESS: Benton Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis & Myocardial Infarction
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-24, 1950, *to* 5-24, 1950, *that I last saw the deceased alive on* 5-24, 1950, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. P. Bregan (Degree or title) D.O.
23b. ADDRESS: Benton, Missouri
23c. DATE SIGNED: May 26, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/26/50
24c. NAME OF CEMETERY OR CREMATORY: Benton Cemetery
24d. LOCATION (City, town, or county) (State): Benton Mo

DATE REC'D BY LOCAL REG.: June 19-50
REGISTRAR'S SIGNATURE: Mrs Addie Hanks 395
25. FUNERAL DIRECTOR'S SIGNATURE: Welch Funeral Home ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 22 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 650-61

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 Raymond Lewis
Licensed Embalmer No. 3467
P. O. Address Sikeston 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.