

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29584**

BIRTH NO. **47506-50** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **356**

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - POPLAR BLUFF TWP	
c. LENGTH OF STAY (in this place) 27 days		d. STREET ADDRESS (If rural, give location) 4 MI. S. POPLAR BLUFF	
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL			

3. NAME OF DECEASED a. (First) GLENDA b. (Middle) ANN c. (Last) WORLEY			4. DATE OF DEATH (Month) (Day) (Year) SEPT 2 - 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG 5 - 1950	9. AGE (In years last birthday) 27	10. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) POPLAR BLUFF MO		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME SHELBY C. WORLEY		13b. MOTHER'S MAIDEN NAME ROMA CHRISTIAN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Shelby C. Worley ADDRESS Poplar Bluff Mo Rv	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth		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) (over)	
		DUE TO (c)			
		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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **Sept 2**, 19**50**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Lamin Odeurichman M.D. (Degree or title)		23b. ADDRESS Poplar Bluff Mo.		23c. DATE SIGNED 9-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 3-1950		24c. NAME OF CEMETERY OR CREMATORY ASHCROFT Cem	
24d. LOCATION (City, town, or county) (State) 7 MI. S. POPLAR BLUFF MO		25. FUNERAL DIRECTOR'S SIGNATURE Phelba Poplar Bluff Mo ADDRESS			
DATE REC'D BY LOCAL REG. Sept 12 1950		REGISTRAR'S SIGNATURE [Signature]		REG. NO. 428	

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

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