

STANDARD CERTIFICATE OF DEATH

6189 State File No. **11308**

FILED APR 9 1951

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>307</u>		PRIMARY REG. DIST. NO. <u>444</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>TANEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>TANEY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FORSYTH.</u>		c. LENGTH OF STAY (In this place) <u>24 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FORSYTH (Sine Tp)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DICKENS</u>				d. STREET ADDRESS (If rural, give location) <u>1060 DICKENS</u>			
3. NAME OF DECEASED a. (First) <u>R. MINDA</u>			b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>WORKMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 24-1880</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>SPARTA - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>MANERVA HEDGPETH</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL WORKMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLYSTA BAKER, DICKENS, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ischemic Heart Disease</u> ANTECEDENT CAUSES <u>Negative</u> Morbid 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 <u>Negative</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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) <u>490X</u>			
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>3/23</u> , 19 <u>51</u> , to <u>3/24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/24</u> , 19 <u>51</u> , and that death occurred at <u>10:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Forsyth, Mo.</u>		23c. DATE SIGNED <u>3/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 27 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHIPMAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO., MO.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 30 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Clever, Mo.</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 2 1951

Dist. File 437-681

Date Filed 4-2-51

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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 Dean Harris
Licensed Embalmer No. 4390

P. O. Address Cleary, 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.