

FILED SEP 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29835

246

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 246	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. LENGTH OF STAY (in this place) 75 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION 504 HAMLIN				d. STREET ADDRESS (If rural, give location) 504 HAMLIN			
3. NAME OF DECEASED (Type or Print) ANDREW WATSON WORKMAN a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH SEPT. 21, 1951 (Month) (Day) (Year)				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 7, 1869	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SECTION HAND		10b. KIND OF BUSINESS OR INDUSTRY MO PAC, R.R.		11. BIRTHPLACE (State or foreign country) MILLER COUNTY, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MYRTLE SHERMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Workman		ADDRESS J. C. MO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u> ANTECEDENT CAUSES <u>Genitaly</u> Morbidity 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H500				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)		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 July 7, 1951, to Sept. 21, 1951, that I last saw the deceased alive on Sept 21, 1951, and that death occurred at 5:40 Pm, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. M. ...</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>9-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 24, 1951		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.	
DATE REC'D BY LOCAL REG. SEPT 25 1951		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Spencer ...</u>		ADDRESS J. C. MO.	

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

264

7967 07 1851

661 1851

0073 1851

0073 1851

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.....

Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address *Jefferson City 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.