

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38454**

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>POTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN "RURAL" YORK TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN "RURAL" YORK TOWNSHIP</u>	
c. LENGTH OF STAY (In this place) <u>7 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>POWERSVILLE R. F. D.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WALTER</u> c. (Last) <u>WORTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 23, 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPTEMBER 10, 1877</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM OWNER</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>LIVINGSTON COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>MAT. WORTZ</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BROWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MAUDE MYRTLE WORTZ</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 <u>MRS. WILLIAM W. WORTZ</u>	
17. ADDRESS <u>POWERSVILLE, MO.</u>		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>Pulmonary embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of cerebral branch</u>		1 month	
DUE TO (c) <u>Senile debility</u>			
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 <u>4/5UX</u>	
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)			
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 <u>Oct 3, 1951</u> to <u>Oct 23, 1951</u> , that I last saw the deceased alive on <u>Oct 23, 1951</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. L. Judd, D.O.</u>		23b. ADDRESS <u>Unionville Mo.</u>	
23c. DATE SIGNED <u>10/24/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/27/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LEMONS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEMENS, PUTNAM COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-15-51</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>By John J. Comstock</u>		ADDRESS <u>COMSTOCK FUNERAL HOME UNIONVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

860

0860

Date Received: NOV 20
DISTRICT HEALTH OFFICE
District File Number //5
Date Filed: NOV 20 1951

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address *Unionville, 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.