S. No. 300
v. 10.48

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12114

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 416

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 2 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 So. 6

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): (Vagrant) 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): FFranklin
c. (Last): Worden

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown 9
8. DATE OF BIRTH: 2/18/ 1891
9. AGE (In years last birthday): 61 — 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): Rane her
10b. KIND OF BUSINESS OR INDUSTRY: Vagrant
11. BIRTHPLACE (State or foreign country): Harrison Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Thomas E. Worden
13b. MOTHER'S MAIDEN NAME: Louella Rungan
14. NAME OF HUSBAND OR WIFE: Abbey Teague Worden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: 536-03-3943
17. INFORMANT'S SIGNATURE OR NAME: Police Station. ADDRESS: St. Joseph

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Alcoholic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exposure to rain and Cold — (night.
DUE TO (c) Man was found dead in an Alley between fifth and sixth streets, Sylvanie St. to Angelique street. He was known to have been drinking wine to excess.

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 ☐ 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? 3220

22. *I hereby certify that I viewed the deceased on 4/13, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9.00 A m., from the causes and on the date stated above.*

23a. SIGNATURE: H F Mundy M'D (Coroner) (Degree or title)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/20/52
24c. NAME OF CEMETERY OR CREMATORY: Lone Star Cemetery
24d. LOCATION (City, town, or county) (State): Lone Star, Mo.

DATE REC'D BY LOCAL REG.: April 19, 1952.
REGISTRAR'S SIGNATURE: Carl C. Casey 446
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Barry St Jo Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1953

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. 4

Signed Victor Barry

Signed.....
Student Embalmer

Licensed Embalmer No. 4212

P. O. Address S Joseph 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.