

FILED JUN 30 1962

STANDARD CERTIFICATE OF DEATH

State File No. 21272

0700
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 3809 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Danville 1wn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Danville 1wn</u> <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hone 1 mile south New Florence Mo</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>XXX</u> c. (Last) <u>Worley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-52</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>April 13 th 1868-94</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Bern-Switzerland</u> <u>5</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>Europe</u>
13a. FATHER'S NAME <u>First Unknown Kauffman</u>		13b. MOTHER'S MAIDEN NAME <u>Un Known</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Worley "Decd"</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Francis Worley New Florence 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningeal CEREBRAL HEMMORRAGE</u>			<u>11 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HAEEMORRAGE</u>			
DUE TO (c) <u>ARTERIO SCLEROSIS</u>			<u>years</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>331X</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>6-27</u> , 19 <u>52</u> , to <u>6-27</u> , 19 <u>62</u> , that I last saw the deceased alive on <u>6-26</u> , 19 <u>52</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James O. Helm MD</u> (Degree or title)		23b. ADDRESS <u>New Florence Mo</u>	23c. DATE SIGNED <u>6-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hugo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near New Florence Mo</u>
DATE REC'D BY LOCAL REG. <u>6-28-52</u>	REGISTRAR'S SIGNATURE <u>James O. Helm</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery City Mo</u>	

