

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33931

State File No. _____

DECEASED 1 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4489 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>VANDUSER</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>VANDUSER</u> <u>1000</u>	
c. LENGTH OF STAY (in this place) <u>35 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JEHU</u> b. (Middle) <u>PASCHAL</u> c. (Last) <u>WORNICA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 9 1952</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>AUG. 6, 1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR: Months <u>1</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING & CARPENTER (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF-EMPLOYED</u>	11. BIRTHPLACE (State or foreign country) <u>UTICA, KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>WILLIAM HENRY WORNICA</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE MEADOWS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY K. WORNICA</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. MARY K. WORNICA - VANDUSER, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		
	DUE TO (c) _____		
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 <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>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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, 1952, to Sept., 1952, that I last saw the deceased alive on 9-1, 1952, and that death occurred at 4:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Urban, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>9-13-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Morhey</u>		24d. LOCATION (City, town, or county) (State) <u>Morhey Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-16-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> <u>5479</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. P. Bieplinghoff - Chaffee, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 29 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 952-274

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 _____

Jack J. Swineart
4473

Licensed Embalmer No. _____

Signed
Student Embalmer

P. O. Address Chaffee, 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.