

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13689

State File No. \_\_\_\_\_

FILED APR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5302 PRIMARY REG. DIST. NO. 76 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville Clark</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Russellville Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural -</u>			
3. NAME OF DECEASED a. (First) <u>PHILIP</u> (Type or Print)		b. (Middle) <u>A</u> c. (Last) <u>WORLEY</u>	
4. DATE OF DEATH <u>APR. 17 53</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>MAR-18-77</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Farmer</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Clay Center Kans</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Geo Worley</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Gortz</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Geo Henderson Jefferson City</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive - Heart Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
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 <u>December 19 51</u> , to <u>March 19 53</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>53</u> , and that death occurred at <u>4:30</u> Am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Revised Code MA O</u>		23b. ADDRESS <u>Jefferson City, Missouri</u>	
23c. DATE SIGNED <u>2/17/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cape Fair Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Fair MO</u>
DATE REC'D BY LOCAL REG. <u>April 17-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. T. L. Glover</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Steffens Russellville MO</u>	

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

(Licensed Embellisher's Statement on Reverse)

**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 *W. Steffens*

Licensed Embalmer No. 2307

P. O. Address Russellville, 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.