

FILED JUL 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21802

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3087

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>85 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 2578</u>		d. STREET ADDRESS (If rural, give location) <u>8217 CLEVELAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH HOSPITAL</u>						
3. NAME OF DECEASED a. (First) <u>GEORGE</u>			b. (Middle) <u>WORMINGTON</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 15 - 53</u>	
5. SEX <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>JULY 3 - 1867</u>	9. AGE (in years last birthday) <u>85</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PIERCE CITY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HOWLEY WORMINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>X.N.R.</u>		14. NAME OF HUSBAND OR WIFE <u>MARY EVELYN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>Spanish American</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Frank H. Wormington</u>			ADDRESS <u>2828 Sunset</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) _____			Cerebro Vascular accident			
ANTECEDENT CAUSES			DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			Cerebral thrombosis			
DUE TO (c) _____			Anterior release			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						331X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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>May 19 53</u> , to <u>June 15 53</u> , that I last saw the deceased alive on <u>June 15 53</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Davis Wexman MD</u> (Degree or title)				23b. ADDRESS <u>4802 Popper</u>		23c. DATE SIGNED <u>6/16/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>	
DATE REC'D BY LOCAL REG. <u>6-17-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. UNEMPLOYMENT DIRECTOR'S SIGNATURE <u>John P. Skelton</u> ADDRESS <u>16 C. MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 3625

P. O. Address M.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.