No. 300
10.48

FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21916

BIRTH NO. _____ REG. DIST. NO. K6 PRIMARY REG. DIST. NO. 2001 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JOPLIN
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) 2509 UTICA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JOPLIN 0495 0
d. STREET ADDRESS (If rural, give location) 2509 UTICA

3. NAME OF DECEASED (Type or Print) a. (First) CHAMP b. (Middle) c. (Last) WORKMAN

4. DATE OF DEATH (Month) (Day) (Year) 6-4-53

5. SEX M. 0

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH Unknown

9. AGE (In years last birthday) 84 | 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Unknown 9

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHAMP WORKMAN

13b. MOTHER'S MAIDEN NAME C WATERS

14. NAME OF HUSBAND OR WIFE Carrie Workman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs Kathleen Devaney ADDRESS Phoenix Arizona Sister

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) HEMIPLEGIA WITH BRONCHOPNEUMONIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS GENERALIZED
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 334 X

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE

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?

22. *I hereby certify that I attended the deceased from* did not, 19__, *to* attend, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] 3 Former Jasper Co

23b. ADDRESS Joplin Nat'l Bnk Bldg

23c. DATE SIGNED 6/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 6/5/53

24c. NAME OF CEMETERY OR CREMATORY OSBORN CEM.

24d. LOCATION (City, town, or county) JOPLIN (State) MO

DATE REC'D BY LOCAL REG. 6-5-53

REGISTRAR'S SIGNATURE Ed D. James 138 by Dolores Lampkin

25. FUNERAL DIRECTOR'S SIGNATURE TURLBUT GLOVER MORT. ADDRESS 422 SqX.

(Licensed Embalmer's Statement on Reverse Side)

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

Hurst [illegible] Jerry

RECEIVED 6-29-53
Jasper County Health Office
County File Number 53-6-534
Date Filed 6-29-53

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.

Signed Elling M. Darrigy

Signed _____
Student Embalmer

Licensed Embalmer No. 3566

P. O. Address Joplin 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.