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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1953

State File No. 40130

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6074		Registrar's No. 413		
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS				
b. CITY (If outside corporate limits, write RURAL and give township) WORTHAM		c. LENGTH OF STAY (In this place) 20 YES		c. CITY (If outside corporate limits, write RURAL and give township) WORTHAM		0940		
d. FULL NAME OF HOSPITAL OR INSTITUTION WORTHAM				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) WALTER J. b. (Middle) WORLEY c. (Last) WORLEY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 2 1953					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 7, 1890		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 1	IF UNDER 28 HRS. Days 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY LEAD MINING		11. BIRTHPLACE (State or foreign country) CRAWFORD COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WILMATE WORLEY		13b. MOTHER'S MAIDEN NAME ELIZABETH BORDEN		14. NAME OF HUSBAND OR WIFE MARY WORLEY				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIRGIL WORLEY, BELGRADE, MO.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular failure  ANTECEDENT CAUSES DUE TO (b) Mitral Stenosis  DUE TO (c) Hypertension					INTERVAL BETWEEN ONSET AND DEATH 6 months  6 months		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410x					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		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 5/25/53, 19, to 12/2/53, 19, that I last saw the deceased alive on 11/18/53, 19, and that death occurred at 1 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. Greaser, D.O. 2				23b. ADDRESS ST. LOUIS, MO. 5004 No. Blumy		23c. DATE SIGNED 12/3/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/4/53	24c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS CATHOLIC CEMETERY		24d. LOCATION (City, town, or county) (State) DESLOGE, MO.			
DATE REC'D BY LOCAL REG. Dec. 3, 1953		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERT L. BOYER LEADWOOD, MO.				

DEC 16 1952

**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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.