

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>3</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Laughlin Hosp. & Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>510-E-Washington St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Surilda</u>		b. (Middle) <u>A.</u>	c. (Last) <u>Worthington</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1873</u>	9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Schuyler County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Issac Burgin</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Brower</u>	14. NAME OF HUSBAND OR WIFE <u>Gurney C. Worthington</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>Gurney Worthington, Kirksville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</u> DUE TO (b) <u>Intestinal adhesions</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Peritonitis</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>unknown</u> <u>3-4 days</u>
19a. DATE OF OPERATION <u>1-23-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction due volvulus and adhesions</u>			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 (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>1-21-54, 19</u> , to <u>1-24-54, 19</u> , that I last saw the deceased alive on <u>1-23-54, 19</u> , and that death occurred at <u>11:10 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Robert B. Ames</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>1-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jimtown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schuyler County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-25-54</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert B. Ames Kirksville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

2024

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.