

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14842**BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **5067** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Central Twp		c. LENGTH OF STAY (In this place) 23 yrs.	c. CITY OR TOWN Lamar
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
f. STREET ADDRESS Route 1		(If rural, give location) 0060	

3. NAME OF DECEASED (Type or Print) WILLIAM LONZO WORKMAN			4. DATE OF DEATH June 9, 1954		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH October 12, 1883		
9. AGE (In years last birthday) 70			IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		
11. BIRTHPLACE (City and State or Foreign Country) Brumley, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME George Workman		13b. MOTHER'S MAIDEN NAME Sarah Luttrell		14. NAME OF HUSBAND OR WIFE Clora Workman	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. L. Workman, Route 1, Lamar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Sudden Death

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Sudden Death
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. arterial hypertension		4 yrs

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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) (Min.)		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 **March, 1950**, to **June 9, 1954**, that I last saw the deceased alive on **May 15, 1954**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John T. Bickel, M.D.		23b. ADDRESS Lamar, Missouri		23c. DATE SIGNED 6/11/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1954		24c. NAME OF CEMETERY OR CREMATORY Iantha Cemetery		24d. LOCATION (City, town, or county) (State) Iantha, Missouri	
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DATE REC'D BY LOCAL REG. JUN 11 1954		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE Clarence W. Chile		ADDRESS Lamar, Mo	
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(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.....
Signature of Student Embalmer

Signed *Clarence M. Chiles*.....

Licensed Embalmer No. *34*.....

P. O. Address *Jama*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.