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THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15618**

FILED MAY 28 1954

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

BIRTH NO. _____		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>3021</b>		Registrar's No. <b>82</b>		
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>		c. LENGTH OF STAY (in this place) <b>39 years.</b>		c. CITY OR TOWN <b>Trenton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1108 Rural Street</b>				e. STREET ADDRESS (If rural, give location) <b>1108 Rural</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roxie</b>		b. (Middle) <b>Elmer</b>		c. (Last) <b>Worland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 26 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Feb 16, 1886</b>		
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>3</b>		IF UNDER 12 HRS. Days <b>10</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Railway Service</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Winston, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Worland</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Snow</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth Quigley Worland</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>708-14-7286</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
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) <b>Cardio Vascular Renal Disease Jan 15 -</b>					<b>1953</b>	
		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>Jan 15 1953</b> , to <b>May 26 1954</b> , that I last saw the deceased alive on <b>May 25 1954</b> and that death occurred at <b>9 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>E. A. Duffy M.D.</b>				23b. ADDRESS <b>Trenton Mo.</b>		23c. DATE SIGNED <b>May 27 1954</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 28 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Trenton, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>5/27/54</b>		REGISTRAR'S SIGNATURE <b>J. E. Lawrence</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>PAVIS-BLACKMORE Funeral Home</b>		ADDRESS <b>Trenton, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1954

JUN 1 1954

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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 Jordan Blackman

Licensed Embalmer No. 4602

P. O. Address Trenton, N.J.

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.