

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22762  
Registrar's No. 661-A

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>661-A</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Wasola</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			f. STREET ADDRESS (If rural, give location) <u>07601</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Jane</u> c. (Last) <u>Worthey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 8 54</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>11 14 97</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days Hours Min.
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 <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Foil, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alfred Durham</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Gilbert</u>		14. NAME OF HUSBAND OR WIFE <u>Orville Worthey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>509 26 2692</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orville Worthey Wasola, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> occurred during Anesthesia and Hypertension DUE TO (b) <u>and Hypertension</u> DUE TO (c) <u>Chronic Nephritis: C.P. disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension done for 3 decades</u> <u>Retes Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>  <u>15 yrs</u>
19a. DATE OF OPERATION <u>July 28, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>3° stenotic Retes Arteriosclerosis</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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 4<sup>th</sup></u> , 19 <u>54</u> , to <u>July 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 8</u> , 19 <u>54</u> and that death occurred at <u>5:15 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. Medwhite M.D.</u>			23b. ADDRESS <u>609 Cherry Springfield</u>		23c. DATE SIGNED <u>12/29/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7.12.54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wasola</u>		24d. LOCATION (City, town, or county) (State) <u>Wasola, Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-13-54</u>		REGISTRAR'S SIGNATURE <u>Edward Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glinkingbeard Funeral Home, Ava, Mo</u>	

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

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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 *Lytle G. Chickeringhead*

Licensed Embalmer No. *483*

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