

## FILED JUL 23 1954 STANDARD CERTIFICATE OF DEATH

State File No. 23883

|   |  |   |  |  |  |   |  |   |                                     |  |
|---|--|---|--|--|--|---|--|---|-------------------------------------|--|
| BIRTH NO.   |  | REG. DIST. NO. 149  |  | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No. 2883  |  |   |                                     |  |
| 1. PLACE OF DEATH<br>a. COUNTY<br>Jackson   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri |  |   |  | b. COUNTY<br>Jackson  |                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>Kansas City   |  |   | c. LENGTH OF STAY (In this place)<br>Life        |  | c. CITY OR TOWN<br>Kansas City                               |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Luke's Hospital  |  |   |  | e. STREET ADDRESS (If rural, give location)<br>3810 Warwick Blvd.  |  |   |  | 3518  |                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print) FRANCIS (FRANK)  |  |   | a. (First)                                       |  | b. (Middle)<br>CLAY  |   | c. (Last)<br>WORNALL   |   |                                     |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>June 24 54  |  | 5. SEX<br>0<br>Male   |  | 6. COLOR OR RACE<br>White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed 2         |  | 8. DATE OF BIRTH<br>Sept. 29, 1855  |                                     |  |
| 9. AGE (In years last birthday)<br>98   |  | IF UNDER 1 YEAR<br>Months   |  | IF UNDER 1 YEAR<br>Days  |  | IF UNDER 1 HR.<br>Hours   |  | Mins.   |                                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Real Estate |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Kansas City, Missouri |  |   | 12. CITIZEN OF WHAT COUNTRY?<br>USA |  |
| 13a. FATHER'S NAME<br>John Briscoe Wornall  |  |   | 13b. MOTHER'S MAIDEN NAME<br>Eliza Johnson       |  |  | 14. NAME OF HUSBAND OR WIFE<br>Julia Kearney Wornall                        |  |   |                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) no   |  | 16. SOCIAL SECURITY NO.<br>none   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Kearney Wornall, 6200 Valley, K. C., Mo.                                  |  |   | ADDRESS  |   |                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis   |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>18 months                                       |                                     |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  |   |  |   |                                     |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Brancho pneumonia      |  |  |  |   |  | 2 days  |                                     |  |
| 19a. DATE OF OPERATION<br>None  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  |   |  | 20. AUTOPSY?<br>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)  |  |   | 334 X  |   |                                     |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 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 Oct 1, 1947, to 24 June 1954, that I last saw the deceased alive on 24 June, 1954, and that death occurred at 6:10 P. M., from the causes and on the date stated above.  |  |   |  |  |  |   |  |   |                                     |  |
| 23a. SIGNATURE<br>Blaine Z. Hibbard (Degree or title)<br>Blaine Z. Hibbard M.D.   |  |   |  |  |  | 23b. ADDRESS<br>411 Nichols Rd KCMO   |  | 23c. DATE SIGNED<br>25 June 54  |                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |  | 24b. DATE<br>6-26-54  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Forest Hill  |  | 24d. LOCATION (City, town, or county) (State)<br>Kansas City, Missouri      |  |   |                                     |  |
| DATE REC'D BY LOCAL REG.<br>6-25-54   |  | REGISTRAR'S SIGNATURE<br>Geraldine Smith  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>STINE & McCLURE UND. CO. |   |  | ADDRESS<br>K.C.MO.  |                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Blaine W. Hibbard  
209 Plymouth  
Va 4350

about 11:10

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..... *F. S. Waller* .....

Licensed Embalmer No. 274

P. O. Address..... *K.C.M.* .....

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.