

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41556

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker, Missouri</u> <u>0850</u>	
c. LENGTH OF STAY (In this place) <u>11 mos</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knox Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u> b. (Middle) <u>June</u> c. (Last) <u>Wortham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 16, 1867</u>
9. AGE (In years last birthday) <u>87</u>		10. a. 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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Vienna, Mo Rural</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Issac Helton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Cowan</u>	14. NAME OF HUSBAND OR WIFE <u>Creed Wortham</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Subt Knox Nursing Home - Lebanon, Mo</u> 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Cardiac Decompensation</u> 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 <u>4343</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>Dec 10, 1954</u> to <u>Dec 11, 1954</u> , that I last saw the deceased alive on <u>Dec 11, 1954</u> and that death occurred at <u>7:30 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Bohrer</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Lebanon, Missouri</u>	23c. DATE SIGNED <u>12-11-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 11 5/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo Rural</u>
DATE REC'D BY LOCAL REG. <u>12-13-1954</u>	REGISTRAR'S SIGNATURE <u>Albela L. Gray</u> <u>424</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u> ADDRESS <u>Crocker, Mo</u>	

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

0532
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(Licensed Embalmer's Statement on Reverse Side)

Received 12-18-54
Laclede County Health Unit
File No. 214
Date Filed 12-18-54

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 Ewell C. Craig

Licensed Embalmer No. 4766

P. O. Address Pecker, 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.