

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9188

State File No.

FILED MAR 16 1955

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. =61

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| 1. PLACE OF DEATH a. COUNTY <u>Randolph Co</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Randolph</u> | |
| b. CITY OR TOWN <u>Moberly</u> | c. LENGTH OF STAY (in this place) <u>0</u> | c. CITY OR TOWN <u>Moberly</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc Cormick Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>Mc Cormick Hospital</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jack</u> b. (Middle) <u>Worley</u> c. (Last) <u>Worley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3 - 1955</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 21 1906</u> | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR <u>8</u> MONTHS <u>11</u> DAYS | IF UNDER 24 HRS. <u>0</u> HOURS <u>0</u> MIN. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>auto work</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>New Glasgow, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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| 13a. FATHER'S NAME <u>Jefferson D Worley</u> | 13b. MOTHER'S MAIDEN NAME <u>Ester Herbin</u> | 14. NAME OF HUSBAND OR WIFE <u>Kenta Worley Moberly Mo</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>482169543</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Kenta Worley Moberly Mo</u> ADDRESS <u>Moberly Mo</u> |

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| 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 <u>3 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | Antecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death <u>fractured skull and other traumatic injuries</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>repair shop auto</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sugar Creek Twp Randolph Missouri</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 22, 1955 3:50 pm</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell from truck catching back by rod</u> |

22. I hereby certify that I attended the deceased from Feb 22, 1955, to March 3, 1955, that I last saw the deceased alive on March 3, 1955, and that death occurred at 2:10 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Leung P. Jolly M.D.</u> | 23b. ADDRESS <u>P.O. 2 Moberly - Mo</u> | 23c. DATE SIGNED <u>3/9/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-6-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hofewell Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Atlanta Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>3-6-55</u> | REGISTRAR'S SIGNATURE <u>Calverlowe</u> 269-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Goodling</u> ADDRESS <u>Atlanta Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1955

APR 14 1955

APR 9 1955

MAR 23 1955

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

Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address *Mary, Md.*

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 a body is not embalmed, fact should be so stated above.