

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

12959

FILED APR 27 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc Cormick Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0883</u>	

3. NAME OF DECEASED (First) (Type or Print) <u>Esther Durbin</u>			b. (Middle) <u>Worley</u>			c. (Last) <u>Worley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 - 1955</u>		
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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>Sept 9 - 1884</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Days <u>6</u>		IF UNDER 6 HRS. Hours <u>10</u> Min.	
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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>Home making</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>New Florence Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>George Silvers</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Hunter</u>			14. NAME OF HUSBAND OR WIFE <u>Jefferson D. Worley</u>		
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leatta 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, asthenia, 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>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u>						<u>4 days</u>	
		DUE TO (c) <u>Strangulated hernia</u>						<u>4 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>4-15-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Strangulated hernia</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from 4-15-55 to 4-19-55, 1955, that I last saw the deceased alive on 4-19-55, 1955, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. McCormick D.O.</u>		23b. ADDRESS <u>300 1/2 Reed St, Moberly Mo.</u>		23c. DATE SIGNED <u>4-20-55</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Florence</u>		24d. LOCATION (City, town, or county) (State) <u>New Florence Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 21-55</u>		REGISTRAR'S SIGNATURE <u>Lea Udome</u> <u>269-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Amberding</u> ADDRESS <u>Atlanta Mo</u>	
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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..... *H. M. Goodding*

Licensed Embalmer No. *175*

P. O. Address *Atlanta*

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.