

FILED JUN 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4103 State File No. 14923

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 2222 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cleveland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cleveland mo.</u>	
c. LENGTH OF STAY (In this place) <u>31 years</u>		d. STREET ADDRESS (If rural, give location) <u>0646</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Cleveland mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MABLE</u> b. (Middle) <u>SANKEY</u> c. (Last) <u>WORRELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 - 1955</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>Apr. 10 - 1874</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Hours Min. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Patterson Mills Pa.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry P. Sankey</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Worrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Paul Worrell 1508 - 2nd Ave north</u>	

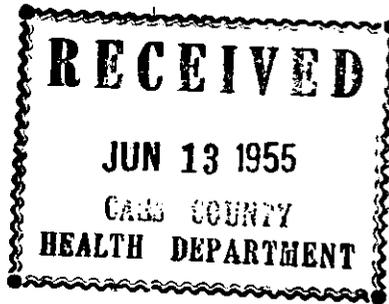
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>subtle</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>arterio-sclerosis</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>senility</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Found lead in yard</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Min.)		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 _____, 19____, to 6/2/55, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gerard Jande (Crown)</u>		23b. ADDRESS <u>Pleasant Hill, Mo</u>		23c. DATE SIGNED <u>6/2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Mariah</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Myers</u>		ADDRESS <u>Cleveland mo</u>	
DATE REC'D BY LOCAL REG. <u>June 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		457-C	

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



FEB 8 1958

JUN 21 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
Student Embalmer

Signed Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland, 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.