

FILED MAY 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16005

State File No.

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5759 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Spring Creek twp.		c. LENGTH OF STAY (in this place township) 54 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Vichy		STREET ADDRESS (If rural, give location) Route 1 Vichy	
3. NAME OF DECEASED (Type or Print) a. (First) RHODA b. (Middle) ISABEL c. (Last) WORKMAN		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 4, 1881
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Maries County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.D.		13a. FATHER'S NAME James Bell	
13b. MOTHER'S MAIDEN NAME Eliza Palmer		14. NAME OF HUSBAND OR WIFE John	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Errett		ADDRESS Rolla, Mo.	
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) Rheumatic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Widespread arteriosclerosis 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	
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) 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 11-26 , 19 49 , to 5-15 , 19 55 , that I last saw the deceased alive on 5-9 , 19 55 , and that death occurred at 8 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. C. ...		23b. ADDRESS Rolla, Mo	
23c. DATE SIGNED 5/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17, 1955	
24c. NAME OF CEMETERY OR CREMATORY Honse Cemetery		24d. LOCATION (City, town, or county) (State) Phelps County, Missouri	
DATE REC'D BY LOCAL REG. 5-20-55		REGISTRAR'S SIGNATURE Pauline Horvath	
25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Paul E. Nutt*

Licensed Embalmer No... *44*

P. O. Address..... *Rolla*

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.