

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19058  
State File No. 2493

FILED JUL 1 - 1955  
BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Iowa</b> b. COUNTY <b>Page</b> |   |
| b. CITY OR TOWN <b>Kansas City</b>                              | c. LENGTH OF STAY (in this place) township) <b>11 days</b> | c. CITY OR TOWN <b>Shenandoah</b>  | 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 <b>St. Joseph Hosp.</b> |  | STREET ADDRESS (If rural, give location) <b>106 Pioneer St.</b>  |   |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Mrs. Frances M.</b><br>b. (Middle) <b>Worl</b><br>c. (Last) <b>Worl</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>6-10-55</b> |
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|                  |                             |   |  |   |                             |                             |
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| 5. SEX <b>Fe</b> | 6. COLOR OR RACE <b>Wh.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>August 4, 1921</b> | 9. AGE (In years last birthday) <b>33</b> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|------------------|-----------------------------|---|--|---|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Earl May Seed Co</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Guilford, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
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| 13a. FATHER'S NAME <b>Leslie L. Wilson</b> | 13b. MOTHER'S MAIDEN NAME <b>Clema McQuire</b> | 14. NAME OF HUSBAND OR WIFE <b>Richard Worl</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>499-16-4695</b> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Richard Worl, Shenandoah.</b> |
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| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).<br><br>*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 |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mercuric Poisoning</b>  |  | <b>6 months</b>                  |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Septicemia &amp; kidney failure</b><br>DUE TO (c) |  | <b>several years</b>             |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  | <b>593X</b>                      |

|                        |                                  |  |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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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|  |  |                            |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 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 **April 28, 1955**, to **June 10, 1955**, that I last saw the deceased alive on **June 9, 1955**, and that death occurred at **9:40 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE <b>Martin P. Hunter</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>1408 Waldheim Bldg</b> | 23c. DATE SIGNED <b>6/10/55</b> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b> | 24b. DATE <b>6-10-55</b> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <b>Manville, Mo.</b> |
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| DATE REC'D BY LOCAL REG. <b>6-10-55</b> | REGISTRAR'S SIGNATURE <b>neva minshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D.W. Newcomer's Son N.K.C., Mo.</b> |
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.