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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 8 - 1956

STANDARD CERTIFICATE OF DEATH

23111

STATE FILE NUMBER

Registration District No. #67 Primary Registration District No. 5260 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Chadwick TOWN		c. CITY OR TOWN Chadwick	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) No Street Address	
Length of stay in lb 60 Years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) RICHARD FRANKLIN WORKMAN			4. DATE OF DEATH July 30, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH Dec. 31, 1871		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Garrison, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Richard T. Workman		14. MOTHER'S MAIDEN NAME Liza Jane Mitchell	
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 Address Mrs. R. F. Workman, Chadwick, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremic poisoning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) vascular hypertension		
DUE TO (c) arteriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Chadwick, Mo.	COUNTY Christian	STATE Missouri
21. I attended the deceased from Jan 1956 to July - 30 - 56 and last saw him alive on July - 21 - 56 Death occurred at 10:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Marcel H. Kilsant		22b. ADDRESS Chadwick, Mo.		22c. DATE SIGNED Aug 3-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/3/1956	23c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery	23d. LOCATION (City, town, or county) (State) Chadwick, Missouri
24. FUNERAL DIRECTOR ADDRESS J. Alan Harris, Clever, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 6/1956	26. REGISTRAR'S SIGNATURE Marcel Dag.

(Licensed Embalmer's Statement on Reverse Side)

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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.....
J. Mean Harris

Licensed Embalmer No. *43*

P. O. Address..... *Cleveland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.