

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24059****2794**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 13 YEARS	c. CITY OR TOWN KANSAS CITY		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 6125 HOLMES STREET			e. STREET ADDRESS (If rural, give location) 6125 HOLMES STREET		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) HARVEY	c. (Last) WORKMAN		4. DATE OF DEATH (Month) (Day) (Year) JUNE - 24 - 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-31-1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN	10b. KIND OF BUSINESS OR INDUSTRY MORGAN WHOLESALE		11. BIRTHPLACE (City and State or Foreign Country) PATON, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY WORKMAN		13b. MOTHER'S MAIDEN NAME ROSIE Mc DANIEL		14. NAME OF HUSBAND OR WIFE NELLIE E. WORKMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. 498-05-1624	17. INFORMANT'S SIGNATURE OR NAME ADDRESS NELLIE E. WORKMAN 6125 HOLMES K.C.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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Immed.
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Fibrillation		18 mo.
			DUE TO (c) Generalized Arteriosclerosis		4 yrs
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201
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) (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 Dec , 1954, to June 24, 1956 , that I last saw the deceased alive on June 19, 1956 , and that death occurred at 1:30 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE John M. Powers (Degree or title) M.D.			23b. ADDRESS 3704 Linwood		23c. DATE SIGNED 6/25/56
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE-26-1956	24c. NAME OF CEMETERY OR CREMATORY PERRY		24d. LOCATION (City, town, or county) (State) IOWA
DATE REC'D BY LOCAL REG. 6-26-56		REGISTRAR'S SIGNATURE Meva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer 2337. ABRAHAM CREEK New City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING 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.....
Richard L. Rogers

Licensed Embalmer No. 495

P. O. Address.....
La 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.