

FILED JAN 15 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 3488

BIRTH NO.		REG. DIST. NO. <u>360</u>	PRIMARY REG. DIST. NO. <u>3076</u>	Registrar's No. <u>5</u>
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Bronaugh</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fredrick</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Wortman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 4 1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 7, 1881</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Anna C. Wortman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Wortman 2445 Kensington Kansas City, Missouri</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Infarction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremic poisoning</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hypertrophy of Prostate,</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs.</u>
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)	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 <u>Jan. 29</u> , 19 <u>54</u> , to <u>Jan. 4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Jan. 4</u> , 19 <u>57</u> and that death occurred at <u>6:20 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. B. Wray, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	23c. DATE SIGNED <u>Jan 18-57.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1957 January 7</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1-10-1957</u>	REGISTRAR'S SIGNATURE <u>Mal &amp; Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home Nevada, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

451-0

**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 *L. Douglas Perry*.....

Licensed Embalmer No. *494*.....

P. O. Address *M. ...*.....

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.