

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI 12018  
REGISTRATION DISTRICT NO. 13 PRIMARY REGISTRATION DISTRICT NO. 3023 REGISTRAR'S NO. 64

FILED APR 23 1957

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b> <b>0051</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>West County St.</b>		d. STREET ADDRESS (If outside, give location) <b>West County St.</b>	
Length of stay in lb <b>75 Yrs.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Oscar</b>	First Middle Last <b>Wormington</b>	4. DATE OF DEATH <b>April 19, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 3, 1882</b>	9. AGE (In years last birthday) <b>75 yrs.</b>	10. IF UNDER 1 YEAR Months <b>1</b> Days <b>16</b> Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Barry County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME <b>Redmond Wormington</b>	14. MOTHER'S MAIDEN NAME <b>Elizabeth Ann Means</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Kenneth Wormington, St. Louis, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs 5 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arrhythmia fibrillatio</b>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4331</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>0</b>

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.)
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20c. TIME OF INJURY Hour _____ 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 <b>Monett, Mo.</b>	COUNTY <b>Barry</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>6-10-45</b> to <b>4-11-57</b> and last saw her/him alive on <b>4-11-57</b> Death occurred at <b>6:15 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Frank D. New MD</b> (Degree or title)	22b. ADDRESS <b>Monett, Mo.</b>	22c. DATE SIGNED <b>4-21-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/22/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>IOOF Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Monett, Missouri</b>
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24. FUNERAL DIRECTOR <b>J. D. Buchanan, Monett, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-21-57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs P.N. Cook</b>
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Health, & Welfare Public Health Service  
S. 300  
Y. 1-56  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
securing the medical certification in the specific manner required by 193.140 W.M.S. 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 457-67

DATE REC. 4-22-57

APR 26 1957  
MAY 3 1957

APR 23 1957  
MAY 3 1957

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. P. Buchanan* .....  
Licensed Embalmer No. 3179

P. O. Address Monett, 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.