

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23444

STATE FILE NUMBER

FILED JUL 31 1957

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

183

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Length of stay in 1b 22 days		d. STREET ADDRESS Liberty Hotel		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Leonard Middle Allen Last Worley				4. DATE OF DEATH Month July Day 26 Year 1957					
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Sept. 14, 1885		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0 Days 14	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Molino, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Charles A. Worley			13b. MOTHER'S MAIDEN NAME Mary Ellen Wiggs			14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO			16. SOCIAL SECURITY NO. 499-28-9867		17. INFORMANT Dau. Address Mrs. Elwood Smiley Mexico, 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) Carcinoma of Lung							INTERVAL BETWEEN ONSET AND DEATH 7 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy							DUE TO (c) 2 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 11:00 Month July Day 26 Year 1957 a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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		COUNTY		STATE	
21. I attended the deceased from Feb 17-57 to July 26-57 and last saw ^{her} _{him} alive on July 26-57 Death occurred at 11:00 on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE @ L. Garcia Jr. (Degree or title)				22b. ADDRESS Mexico Mo.				22c. DATE SIGNED 7-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-28-1957	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Mexico, Missouri				
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.				ADDRESS July 27-1957		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Blanche Steely	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ray Miller*

Licensed Embalmer No. *4492*
P. O. Address *Meigs, 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.