pt. Health,
c., & Welfare
S. Public
alth Service

V. S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

STATE FILE NUMBER 44918

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 220

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hosp. — Length of stay in 1b 10 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 648 Hoover — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First NEELY Middle WASHINGTON Last WORLEY

4. DATE OF DEATH Month Dec. Day 26, Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Jan. 15, 1882
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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 Agriculture
11. BIRTHPLACE (City and state or country) Laclede County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Worley
13b. MOTHER'S MAIDEN NAME Felia Edwards
14. NAME OF HUSBAND OR WIFE Maude Worley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-12-4566
17. INFORMANT Mrs. Lester Worley Address K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Benign Hypertrophy Prostate — INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Urinary Retention — 2 wks.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 12/17/57, to 12/26/57 and last saw her/him alive on 12/26/57
Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Johnson (Degree or title) MD
22b. ADDRESS Lebanon Mo
22c. DATE SIGNED 12-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/28/57
23c. NAME OF CEMETERY OR CREMATORY Highpoint Cemetery
23d. LOCATION (City, town, or county) (State) Camden County Missouri

24. FUNERAL DIRECTOR S. R. Palmer Jr. ADDRESS Lebanon, Mo.
25. DATE RECD. BY LOCAL REG. 12-28-1957
26. REGISTRAR'S SIGNATURE Stella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

424
0

Received JAN 6 1958

Laclede County Health Unit

File No. 220

Date Filed JAN 6 1958

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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, 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.