

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1557

FILED FEB 7 1958

STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 44

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence 7050
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15606 T.C. Lee Rd.		Length of stay in 1b 23 Yrs.	d. STREET ADDRESS (If outside, give location) 15606 T.C. Lee Rd.
3. NAME OF DECEASED (Type or print) First ALMA Middle LEE Last WORSHAM			4. DATE OF DEATH Month Day Year Jan. 28, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1901
9. AGE (In years, least birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Booneville, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME John A. Smith		13b. MOTHER'S MAIDEN NAME Elizabeth
14. NAME OF HUSBAND OR WIFE John H. Worsham	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Address John Worsham, 15606 T.C. Lee Rd., Indep., 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) <u>Toxemia</u> DUE TO (b) <u>Metastatic Sarcoma of Ovaries</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1750			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year 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	COUNTY STATE
21. I attended the deceased from 10-19-53 to 1-28-58 and last saw her alive on 12-5-57 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Fred J. Tammar DoT Indep Mo</u>			22b. ADDRESS <u>Indep Mo</u>
22c. DATE SIGNED 1/28/58	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Memory Gardens
23d. LOCATION (City, town, or county) Independence, Missouri	(State)	24. FUNERAL DIRECTOR George C. Carson, Indep., Mo.	25. DATE RECD. BY LOCAL REG. 1-30-58
26. REGISTRAR'S SIGNATURE <u>James Tracy</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 4 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 *A Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indep. 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.