. Health,
& Welfare
. Public
h Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-014595
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson 7005
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Resd. 1510 E. Walnut — Length of stay in 1b 14 Yrs.	d. STREET ADDRESS (If outside, give location) 1510 East Walnut — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Fred Middle C. Last Wortman		4. DATE OF DEATH Month April Day 30, Year 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 2/12/1889
9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2 Days 18	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Liberal, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob Wortman	13b. MOTHER'S MAIDEN NAME Irene Dawson	14. NAME OF HUSBAND OR WIFE Edna Wortman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-05-6705	17. INFORMANT Address Mrs. Edna Wortman, 1510 E. Walnut, Indep. 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) Myocardial failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypostatic pneumonia

DUE TO (c) Cerebral apoplexy

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Sept, 57, to Feb 58 and last saw him alive on Feb 29th
Death occurred at 12 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James E. Griffin Jr. 22b. ADDRESS 3900 Paseo, KC Mo 22c. DATE SIGNED 4/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/2/58	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery	23d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Son's, Indep. Mo.		25. DATE RECD. BY LOCAL REG. Apr. 30, 1958	26. REGISTRAR'S SIGNATURE James S. Craig

(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.

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 George B. Parson

Licensed Embalmer No. 2249

P. O. Address Independence

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.