Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035892
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: OSAGE TOWNSHIP — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3 MI. S.W. DAVISVILLE, MO. — Length of stay in 1b: 15 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: CRAWFORD
c. CITY OR TOWN: OSAGE TOWNSHIP — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 3 MI. S.W. DAVISVILLE, MO. — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle JOSEPH Last WORLEY
4. DATE OF DEATH: Month OCT. Day 10 Year 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: FEB. 9-1888
9. AGE (In years last birthday): 70 — 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: —
11. BIRTHPLACE (City and state or country): SLIGO, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JASPER WORLEY
14. MOTHER'S MAIDEN NAME: JULIA ANN TAFF

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.: 493-10-9322
17. INFORMANT: MRS. BESSIE WORLEY — Address: DAVISVILLE, 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): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): — DUE TO (c): 332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 9-11-57, to 10-8-58 and last saw her/him alive on 10-8-58
Death occurred at 9:40 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Mo.
22b. ADDRESS: Salem, Mo.
22c. DATE SIGNED: 10-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-12-1958
23c. NAME OF CEMETERY OR CREMATORY: EARNEY CEMETERY
23d. LOCATION (City, town, or county) (State): CRAWFORD CO., MO.

24. FUNERAL DIRECTOR — ADDRESS: Thomas S. Halbert — STEELVILLE, MO.
25. DATE RECD. BY LOCAL REG.: 10/16/58
26. REGISTRAR'S SIGNATURE: Mrs. Hazel Lichius

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 43

P. O. Address Steelville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.