

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006750

STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 12

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|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ripley</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Daniphan</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Daniphan</u> 0916<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Community Hospital</u>   |                                  | Length of stay in 1b<br><u>73 years</u>   | d. STREET ADDRESS (If outside, give location)<br><u>306 Young St.</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Ada Mae Worley</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Feb. 1, 1959</u>  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 25, 1885</u>  |
| 9. AGE (In years last birthday)<br><u>73</u>   |                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HRS.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House work</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Ripley County, Missouri</u>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |                                  | 13. FATHER'S NAME<br><u>James Warren Brooks</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Martha Mc Kinney</u>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>William A. Worley</u>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>548-36-9673</u>   | 17. INFORMANT<br>Address<br><u>William A. Wade, Daniphan, Mo.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary embolus</u><br>DUE TO (b) <u>Metastatic carcinoma</u><br>DUE TO (c) <u>primary uterus</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hours</u><br><u>18 months</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>174X</u>   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20e. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |                                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |  |
| 21. I attended the deceased from <u>Jan 54</u> , to <u>Feb 159</u> and last saw her alive on <u>2/1/59</u> .<br>Death occurred at <u>7:45 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |
| 22a. SIGNATURE<br>(Design or title)<br><u>Frank Johnson, M.D.</u>  |                                  | 22b. ADDRESS<br><u>Daniphan, Mo.</u>  | 22c. DATE SIGNED<br><u>2/7/59</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Feb. 4, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Daniphan Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Daniphan Missouri</u>  |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>Ray Means, Daniphan, Missouri</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>2-21-59</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Flava Broz</u>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ray Means* .....

Licensed Embalmer No. *3743* .....

P. O. Address *Doniphan* .....

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.