Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016755
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 251

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: COLUMBIA — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): UNIV. MED. CENTER — Length of stay in Hospital: 3da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CALLAWAY
c. CITY OR TOWN: FULTON — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RT. #3 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: WASHINGTON Last: WORKMAN
4. DATE OF DEATH: Month: June Day: 1 Year: 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 5-28-1893
9. AGE (In years last birthday): 66 — 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): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): JEFFERSON CITY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: SIMON WORKMAN
13b. MOTHER'S MAIDEN NAME: SARAH RENFROW
14. NAME OF HUSBAND OR WIFE: RUTH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: HOSPITAL RECORD — Address: Univ. Med. Center Columbia, 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) Ruptured aneurysm of aorta — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 022X
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 5/30/59, to 6/1/59 and last saw ~~her~~ him alive on 6-1-59
Death occurred at 2:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh Stephenson, Jr MD (Degree or title)
22b. ADDRESS: 807 Stadium Rd
22c. DATE SIGNED: 6/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 4, 1959
23c. NAME OF CEMETERY OR CREMATORY: Hill-Crest Cemetery
23d. LOCATION (City, town, or county) (State): Fulton, Mo.

24. FUNERAL DIRECTOR: Maupin Funeral Home, Fulton, Mo — ADDRESS
25. DATE RECD. BY LOCAL REG.: June 3, 1959
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(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.

US JUN 23 1959

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 ..... Signed Marshall C. Blackwell
Signature of Student Embalmer

Licensed Embalmer No. 4713

P. O. Address Fulton, Me

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.