

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>INDEPENDENCE</b>		Length of stay in 1b <b>10YRS</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If not in hospital, give location) <b>SANITARIUM</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>2500 Sterling</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First: <b>Charles</b> Middle: <b>D</b> Last: <b>Worley</b>				4. DATE OF DEATH Month: <b>MAY</b> Day: <b>3</b> Year: <b>1960</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>NOV 15, 1873</b>		9. AGE (last birthday) <b>86</b>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LEATHER WORKER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SELBY Co., Mo.</b>		11. BIRTHPLACE (City and state or country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Hiram Worley</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth McAfee</b>			14. NAME OF HUSBAND OR WIFE <b>LEONORA Worley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>480-05-5780</b>		17. INFORMANT <b>MRS. LEONORA Worley Indep. Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of Sigmoid colon with obstruction, 7 mths</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m.		Month, Day, Year							
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 <b>4-18-60</b> to <b>5-3-60</b> and last saw <sup>her</sup> him live on <b>5-3-60</b> Death occurred at <b>5:15A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Drs. Grabske &amp; Link Vance E. Link, M.D.</b>				22b. ADDRESS <b>10901 Winner, Independence, Mo.</b>				22c. DATE SIGNED <b>5-3-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAY 5, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Woodhawn</b>		23d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE, Mo.</b>			
24. FUNERAL DIRECTOR <b>Roband R. Speaks Indep. Mo</b>				25. DATE RECD. BY LOCAL REG. <b>5-5-60</b>		26. REGISTRAR'S SIGNATURE <b>Jama Craig</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 22 1960

**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 Rollie Fessel

Licensed Embalmer No. 4690  
P. O. Address Indep. m

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.