

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 28 1960

-60-040906
 STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. --- Registrar's No. 340

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novinger		Length of stay in 1b 70 yrs	c. CITY OR TOWN Novinger Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Blackorby Currency Exchange		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MORTON Middle W. Last WORTHINGTON			4. DATE OF DEATH Month November Day 21 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED Divorced	8. DATE OF BIRTH 1/9/89	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months --- Days ---	IF UNDER 24 HR Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used auto parts		10b. KIND OF BUSINESS OR INDUSTRY Junk yard	11. BIRTHPLACE (City and state or country) Putnam Co. Mo.	12. CITIZEN OF WHAT COUNTRY U S		
13a. FATHER'S NAME Isom Worthington		13b. MOTHER'S MAIDEN NAME Susan Morrow		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Earl Worthington, Independence, Mo. Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis (Probable)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic change	
	DUE TO (c) age	

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"/> N <input type="checkbox"/> Unknown
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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 --- Month, Day, Year --- a.m. --- p.m. ---	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 not at all COUNTY --- STATE ---

21. I attended the deceased from not at all to --- and last saw her alive on ---
 Death occurred at 8:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	(Degree or title) Dr.	22b. ADDRESS Kirksville Mo	22c. DATE SIGNED 11/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/25/60	23c. NAME OF CEMETERY OR CREMATORY Maple Hill	23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.
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24. FUNERAL DIRECTOR [Signature] Address Foster Memorial Home, Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 11-25-60	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

V. H. CASNER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Md

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