

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038033

STATE FILE NUMBER

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 133

FILED NOV 14 1961

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Length of stay in 1b <u>2 1/2 yrs</u>	c. CITY OR TOWN <u>LOUISIANA</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LOUISIANA NURSING HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NORTH CAROLINA ST.</u>

3. NAME OF DECEASED (Type or print) First <u>LEONARD</u> Middle <u>LUKE</u> Last <u>WORSHAM</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>4</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-27-1866</u>	9. AGE (last birthday) <u>96</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and state or country) <u>CLARKSVILLE MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>JOHN LUKE WORSHAM</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET ROBINSON</u>	
14. NAME OF HUSBAND OR WIFE <u>ADA</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>MARTHA MITCHELL</u>		Address <u>St. Louis MO</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Infection and Debilitation and Sepsis

Chronic generalized atherosclerosis and bronchial pneumonia

INTERVAL BETWEEN ONSET AND DEATH unknown - 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic generalized atherosclerosis and bronchial pneumonia

DUE TO (c) Chronic generalized atherosclerosis and bronchial pneumonia

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.
 Yes No 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 checked="" 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 <u>Nov 2 1959</u> to <u>Nov 4 1961</u> and last saw him alive on <u>Nov 3 1961</u> Death occurred at <u>10:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE <u>Arthur Biliga</u> (Degree or title) <u>DO</u>		22b. ADDRESS <u>218 N 5th St. Rome, Mo</u>		22c. DATE SIGNED <u>11/6/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-7-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN WOOD</u>	23d. LOCATION (City, town, or county) (State) <u>CLARKSVILLE MO</u>	
24. FUNERAL DIRECTOR <u>CARROLL-COLLIER</u> ADDRESS <u>CLARKSVILLE MO</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 11-61</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Geo M Collier

Licensed Embalmer No. 3839

P. O. Address Lawrence 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.