SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-040462
STATE FILE NUMBER

AMENDED

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 214

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Claycomo — Length of stay in 1b: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Guardian Angel Nursing Ho. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clay
c. CITY OR TOWN Kansas City 55, Mo — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 20 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Carrie Middle — Last Workman
4. DATE OF DEATH: Month Dec. Day 2 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan. 29, 1879
9. AGE (last birthday): 82 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Jamey Co. Ia.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lewis Beckman
13b. MOTHER'S MAIDEN NAME: — Scheider
14. NAME OF HUSBAND OR WIFE: Hosner Workman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: H.L. Workman, Address: Rt. 20, K.C. 55, 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) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: Several weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive sclerotic Heart Disease
DUE TO (c) Diabetes + Decompensated Heart

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 ☐ 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 Dec 1956 to Dec 2, 1961 and last saw her/him alive on Dec. 2, 1961
Death occurred at 8:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. J. Legg (Degree or title) DO
22b. ADDRESS 7220 N. Oak St Trfwy KC 18, Mo
22c. DATE SIGNED 12/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Dec 4, 1961
23c. NAME OF CEMETERY OR CREMATORY Carrington Cemetery
23d. LOCATION (City, town, or county) Carrington (State) No. Dakota

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Troost K.C. Mo.
25. DATE RECD. BY LOCAL REG. 12-4-61
26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

JAN 30 1962

GE 6-1300
11-6 P.M.

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 Alfred H. Hammons, Student Embalmer No. 646 working under my personal supervision.

Student Alfred H. Hammons
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. Mo.

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.