ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016676
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3017. Registrar's No. 102.

FILED MAY 31 1961

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

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOCTOR'S HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: IRON
c. CITY OR TOWN: DES ARC, Mo
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First ROY Middle Last WORLEY
4. DATE OF DEATH: Month MAY Day 14 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-30-1901
9. AGE (last birthday): 59
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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and state or country): PIEDMONT, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN WILLIAM WORLEY
13b. MOTHER'S MAIDEN NAME: BARDARA BREWER
14. NAME OF HUSBAND OR WIFE: OPAL POND WORLEY
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.: 500-18-7915
17. INFORMANT: OPAL WORLEY Address: DES ARC, 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): Peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Perforation of Gastric Ulcer
DUE TO (c): Benign pyloric ulcer
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): Chronic Cor Pulmonale
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 5-1-61 to 5-14-61 and last saw ~~her~~ him alive on 5-14-61
Death occurred at 7:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold W. Mullins M.D.
22b. ADDRESS: 621 Pine-Poplar Bluff, Mo.
22c. DATE SIGNED: 5-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-17-61
23c. NAME OF CEMETERY OR CREMATORY: DES ARC CEM.
23d. LOCATION (City, town, or county) (State): DES ARC, Mo.

24. FUNERAL DIRECTOR: GISH ADDRESS: PIEDMONT, Mo
25. DATE RECD. BY LOCAL REG.: 5-27-1961
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, W

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