

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8975

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4235 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Iron</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): --a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>		
b. CITY OR TOWN <u>Annapolis</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Annapolis</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <u>0410</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>DAVID</u>	b. (Middle) <u>ANDREW</u>	c. (Last) <u>WORLEY</u>	Mar.	18	1956

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 28 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>black smith</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ripley County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Andrew Worley</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Tinkler</u>		14. NAME OF HUSBAND OR WIFE <u>Illie Mann Worley</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ernest Brewer, Annapolis Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>valvular disease</u>	ANTECEDENT CAUSES <u>heart failure, hepatitis</u>				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>some</u>				
	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4214</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan., 1951, to March 18 1956, that I last saw the deceased alive on March 16 1956, and that death occurred at 7.00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. M. Patrick M.D.</u>		23b. ADDRESS <u>Lester ville Mo</u>		23c. DATE SIGNED <u>3/19/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Annapolis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Annapolis Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>3-20-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton, Mo.</u>			
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(Licensed Embalmer's Statement on Reverse Side) Qued S. White

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

128-6

APR 3

1958

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 *Ann J. White*.....

Licensed Embalmer No *3012*

P. O. Address *Trouton*.....

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.