

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

24275

State File No. ....

FILED JUL 23 1953

BIRTH NO. 41709 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u> Boone</u>	
b. CITY OR TOWN <u>Jefferson City</u> <small>(If outside corporate limits, write BUREAU and give township)</small>		c. CITY OR TOWN <u>Columbia</u> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Hill Hospital</u> <small>(If not in hospital or institution, give street address or location)</small>		e. STREET ADDRESS <u>Rural Route 010</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANNIE</u> b. (Middle) <u>LIEE</u> c. (Last) <u>WORSTEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 18/53</u>
9. AGE (In years last birthday) <u>10</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. MOTHER'S MAIDEN NAME <u>Worstell</u>		14. NAME OF HUSBAND OR WIFE <u>Alburt Worstell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Alburt Worstell</u>		ADDRESS <u>Columbia Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION <u>Cerephalic</u>		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		PRECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
		DUE TO (b)		
		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1953 to July 18, 1953, that I last saw the deceased alive on July 16, 1953 and that death occurred at 7:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. ...</u> (Degree & title)	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>7/18/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Salem Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>California, Rural. Mo</u>

DATE REC'D BY LOCAL REG. <u>July 18 - 1953</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bonline</u> ADDRESS <u>California</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

*Not Embalmed*