

FILED FEB 9 1953

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

State File No. \_\_\_\_\_

65

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> <b>7005</b>	
c. LENGTH OF STAY (In this place) <b>6 da.</b>		d. STREET ADDRESS (If rural, give location) <b>1826 Ralston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hosp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>WORKMAN</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 3 53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 6, 1915</b>
9. AGE (In years last birthday) <b>37</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Charles T. Workman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Wallace</b>	14. NAME OF HUSBAND OR WIFE <b>Geraldine Workman</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>437-05-2957</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Geraldine Workman 1826 Ralston Independence Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>massive intestinal hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>duodenal ulcer</b> 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>16 yrs</b> <b>5410</b>	
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>December 29, 1952</b> , to <b>Jan 2, 1953</b> , that I last saw the deceased alive on <b>Jan 3, 1953</b> , and that death occurred at <b>9 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>M. G. Berry</b>		23b. ADDRESS <b>m. D. D. 315 Nichols A.D. Kansas City</b>	23c. DATE SIGNED <b>Jan 4 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 6, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Warrensburg Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>
DATE REC'D BY LOCAL REG. <b>1-6-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stine &amp; McClure Kansas City Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)