

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26002

State File No. _____

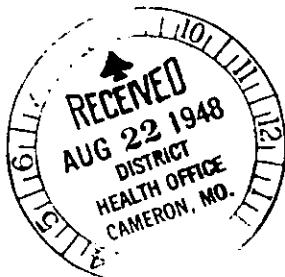
BIRTH NO. _____		REG. DIST. NO. <u>2</u>	PRIMARY REG. DIST. NO. <u>4009</u>	Registrar's No. <u>357</u>
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 No. 2nd</u>		d. STREET ADDRESS (If rural, give location) <u>403 No. 2nd</u>		
3. NAME OF DECEASED (Type or Print) <u>Willard</u>		a. (First) <u>Willard</u>	b. (Middle) <u>P.</u>	c. (Last) <u>Wertenberger</u>
4. DATE OF DEATH <u>Aug. 15, 1949</u>		4. DATE OF DEATH (Month) (Day) (Year)		
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>Feb. 17, 1877</u>	9. AGE (in years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Frank Wertenberger</u>		13b. MOTHER'S MAIDEN NAME <u>Syntha Bown</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Wertenberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Wertenberger</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardio vascular renal disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 hr</u> <u>2 yrs</u> <u>4 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>May 10, 1949</u> , to <u>Aug. 15, 1949</u> , that I last saw the deceased alive on <u>Aug 13, 1949</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Silbert B. Kelley M.D.</u>		23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>8/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/17/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-16-49</u>		REGISTRAR'S SIGNATURE <u>L. H. Parks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u> ADDRESS <u>Funeral Home St. Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48



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
Student Embalmer

Signed *William Spalding* _____

Licensed Embalmer No. *4535* _____

P. O. Address *319 S. 10th St., P. O. Box 7112* _____

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 this body is not embalmed, fact should be so stated above.