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FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29685

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

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Liberty</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>	
c. LENGTH OF STAY (In this place) <u>6 Years</u>		d. STREET ADDRESS (If rural, give location) <u>IOOF Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Hospital</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Winfield</u> b. (Middle) <u>H.</u> c. (Last) <u>Werner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16-49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 21-1866</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>All</u>	11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
13a. FATHER'S NAME <u>Corwin Warner</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Jone (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IOOF Home Record Liberty Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>four days</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>
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) m.	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>Sept 15, 1949</u> , to <u>Sept 16, 1949</u> , that I last saw the deceased alive on <u>Sept 15, 1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Gadsden III MD.</u>		23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>(SEPT) 9/17/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clay Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept-17-1949</u>	REGISTRAR'S SIGNATURE <u>Dumnie Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Church Avenue Co. Liberty Mo</u>	

RECEIVED SEP 26

District Health Officer No. 8,

District File Number

Date Filed 9-28-49

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 John Forbar

Licensed Embalmer No. 4448

P. O. Address Liberty mo

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.