

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19617**

**FILED** JUL 3- 1952

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>5142</b>		Registrar's No. <b>310</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ripley</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>rural Neely</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>rural Thomas</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile N of Neelyville</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <b>Harvey</b> (Type or Print)			b. (Middle) <b>Earl</b>			c. (Last) <b>Wertenberger</b>	
4. DATE OF DEATH (Month) <b>June</b> (Day) <b>28</b> (Year) <b>1952</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	
8. DATE OF BIRTH <b>Nov. 27, 1910</b>		9. AGE (In years last birthday) <b>41</b>		10. UNDER 1 YEAR Days		11. UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>timber worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>sawmill</b>		11. BIRTHPLACE (State or foreign country) <b>Doniphan, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Ira Wertenberger</b>		13b. MOTHER'S MAIDEN NAME <b>Liddie Casteel</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World # 2</b>		16. SOCIAL SECURITY NO. <b>486-20-0036</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ira Wertenberger</b>		ADDRESS <b>2417 Blair Ave. St Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture Skull</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Tire blowout on Pick up</b> DUE TO (c) <b>truck turning truck over</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>012</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Neelyville Mo Butler Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 21-1952 4:45 P.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Blow out on truck tire turning truck over</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:45 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Ernest W. Decker</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>Poplar Bluff Mo</b>		23c. DATE SIGNED <b>6/24-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>June 24/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sullivan</b>		24d. LOCATION (City, town, or county) (State) <b>Ripley Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-24-52</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home Naylor, Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

120  
9

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

RECEIVED  
JUL 2 1952  
BUTLER CO. HEALTH CENTER  
FILE NO. 252-333

AUG 22 1952

AUG 3 1952

**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 Susan Mc Cord  
Licensed Embalmer No. 4079

P. O. Address May 1st 3rd

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.