

FILED FEB 24 1953

STANDARD CERTIFICATE OF DEATH

8452
State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139 Registrar's No. 24

1020
1.

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

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bla' Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bla' Creek 1020</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>DOROTHY</u> c. (Last) <u>WERP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 19-1905</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</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)		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Phoe. Heiney</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Rathjen</u>	14. NAME OF HUSBAND OR WIFE <u>Every Weir</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Every Weir</u> ADDRESS <u>Shelbyville Mo</u>
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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. * means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the ovary</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis over entire body</u>		
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 <u>10/2/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>175 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 March 20 1952, to Feb 4, 1953, that I last saw the deceased alive on Feb 4, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Howard H. Gibson</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Bethel Mo.</u>	23c. DATE SIGNED <u>2-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 7-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mex Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Shelby County Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-19-53</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>
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OCT 28 1953

OCT 20 1959

JAN 7 1959
JAN 21 1959

DEC 12 1958

FEB 3 1959

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.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Shelby } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 8752
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of October, 1953, before me appears _____

Eversz Werr

_____, who, upon his oath, states that the original record of ~~birth~~ ^{death}

for Clara Dorothy Werr, ~~born~~ ^{died} February 4, 1953, in the State of Missouri, and which was filed at Jefferson City on Feb. 19, 1953, should be corrected as follows:

Item No. _____ should read Clara Dorothy Werr

Instead of Clara Dorothy Heinze

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Eversz Werr Husband
Relationship.

Shelbyville, Missouri

Present Address.

Subscribed and sworn to before me this 27th day of October, 1953.

My Commission expires May 4, 1954.

Hane B. Henderson Notary Public.

