

No. 3007
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17347
Registrar's No. 80

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4093

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Lynne</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Lynne 0190</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANKLIN ELMER WERTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 14 - 1867</u>		9. AGE (In years last birthday) <u>85</u> Months <u>5</u> Days <u>6</u> If under 1 year: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE REPAIR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Borbon, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Wertz</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Skiles</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Wertz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Effie Wertz</u> ADDRESS <u>East Lynne 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHR. INTERSTITIAL NEPHRITIS</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIAL HYPERTENSION</u> DUE TO (c) <u>SENILITY</u> 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>Don't Know</u>	
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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) <u>592x</u>	
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 5-1, 1953 to 5-20, 1953, that I last saw the deceased alive on 5-20, 1953, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Shung MD</u> (Degree or title)		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>5-20-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pitts Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>East Lynne Mo.</u>	
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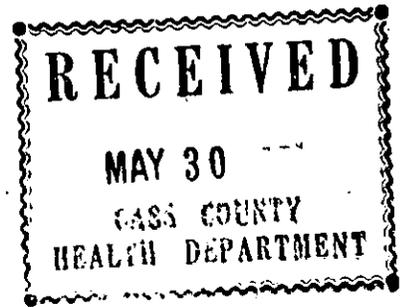
DATE REC'D BY LOCAL REGISTRY <u>May 25 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u> 457-D		FUNERAL DIRECTOR'S SIGNATURE <u>A. O. Warbler</u> ADDRESS <u>East Lynne Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

90
1

FILED JUN 1 1953



Prof. [unclear]

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.....

A. D. Natzler

Licensed Embalmer No.

2717

P. O. Address.....

East Rome

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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