

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25269**

FILED JUL 17 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3304</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>60 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3306 Cleveland</b>				STREET ADDRESS (If rural, give location) <b>3306 Cleveland</b>			
3. NAME OF DECEASED (Type or Print) <b>MRS. DORA</b>		a. (First) <b>V.</b>		b. (Middle) <b>WOERNER</b>		c. (Last) <b>WOERNER</b>	
4. DATE OF DEATH <b>June 29, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept. 4, 1881</b>		9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	
12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Bothom</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Geldord</b>		14. NAME OF HUSBAND OR WIFE <b>Eugene J. Woerner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Viola Allen, Rt.2, Liberty, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Failure with Hypertension</b> ANTECEDENT CAUSES <b>Thyroidosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>plus Arteriosclerosis - Cerebral manifest</b> 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 <b>4 + years</b> <b>4 + years</b> <b>2 + years</b> <b>25H</b>	
19a. DATE OF OPERATION <b>1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Thyroidectomy - Hyperplastic adenoma.</b>				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) _____		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 <b>8-13</b> , <b>1949</b> , to <b>6-29</b> , <b>1953</b> , that I last saw the deceased alive on <b>6-23</b> , <b>1953</b> , and that death occurred at <b>5:00</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Frank B. Leitz</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1530 Prof. Bldg, Univ. City, Mo.</b>		23c. DATE SIGNED <b>6-29-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 1, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Mem. Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City North, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-30-53</b>		REGISTRAR'S SIGNATURE <b>Gereldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>K.C.MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frank B. Leitz  
1630 Prof. Bldg.  
Ha. 1331

In at 12:00

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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.....  
Signature of Student Embalmer

Signed *J. T. Crowell*.....

Licensed Embalmer No. *4904*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.