

No. 300
10.48

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18383**
Registrar's No. **3**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5305**

| | | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|------------------------|--|-----------------------------|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | b. CITY (If outside corporate limits, write RURAL and give town or township) Jefferson City | | c. LENGTH OF STAY (In this place) | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Osage | | c. CITY OR TOWN Meta | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.R. 3 - Maroon River | | | | e. STREET ADDRESS (If rural, give location) 0760 | | | | | | | | | |

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|---|-------------|-----------|---------------------------------------|-----|------|
| 3. NAME OF DECEASED (Type or Print) August William Werdehausen | | | 4. DATE OF DEATH June 13, 1954 | | |
| a. (First) | b. (Middle) | c. (Last) | Month | Day | Year |

| | | | | | | | | | |
|--------------------|-------------------------------|--|---------------------------------------|--|---|------------------------|-----------------------|-----------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Dec. 27, 1936 | | 9. AGE (In years last birthday) 17 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 4 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|--|---------------------------------------|--|---|------------------------|-----------------------|-----------------------|-----------------------|

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|--|--|-----------------------------------|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Meta, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
|--|--|-----------------------------------|--|---|--|---|--|

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME George Werdehausen | | 13b. MOTHER'S MAIDEN NAME Emma Kirkweg | | 14. NAME OF HUSBAND OR WIFE George Werdehausen | |
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|---|--|-------------------------|--|---|--|--------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME George Werdehausen | | ADDRESS Meta, Mo. | |
|---|--|-------------------------|--|---|--|--------------------------|--|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental | | II. OTHER SIGNIFICANT CONDITIONS Drowning | | | | | |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. E9298 | | | | | |
| DUE TO (b) _____ | | DUE TO (c) _____ | | | | | |

| | | | | | |
|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Maroon River | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberty Township Cole Missouri | |
|--|--|--|--|---|--|

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|--|--|---|--|--|--|
| 21d. TIME OF INJURY June 13 1954 2 P. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Drowned while swimming in Maroon River | |
|--|--|---|--|--|--|

22. I hereby certify that I attended the deceased from **June 13 1954**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2 P.** m., from the causes and on the date stated above.

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|--------------------------------------|--|---------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE J. G. Bruce MD | | 23b. ADDRESS Jefferson City Mo | | 23c. DATE SIGNED 6-18-54 | |
|--------------------------------------|--|---------------------------------------|--|---------------------------------|--|

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|---|--|--------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REBURY (Specify) at home | | 24b. DATE 6/16/54 | | 24c. NAME OF CEMETERY OR CREMATORY St. Cecilia | | 24d. LOCATION (City, town, or county) (State) Meta Mo. | |
|---|--|--------------------------|--|---|--|---|--|

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|--|--|---|--|--|--|---------------------------|--|
| DATE REC'D BY LOCAL REG. June 15-54 | | REGISTRAR'S SIGNATURE R.P. Dorrie MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Walter J. Hedger | | ADDRESS Iberia, Mo | |
|--|--|---|--|--|--|---------------------------|--|

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

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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.....

Licensed Embalmer No. 1420

P. O. Address.....
Peris, 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.**