

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40221

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1331

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (In this place) 58 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph d. Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 919 North 13th St. 01170

3. NAME OF DECEASED a. (First) Edwin b. (Middle) G c. (Last) Wertemberger 4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 2, 1876 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (13) Postal Employee 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) San Antonio, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Wertemberger 13b. MOTHER'S MAIDEN NAME Gynthia Bowen 14. NAME OF HUSBAND OR WIFE Ida Wertemberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ida Wertemberger 919 N 13th City

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolism - 16 days
Senility - Arteriosclerosis - 10 yrs
19a. DATE OF OPERATION Dec 15, 1954 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum 20. AUTOPSY? YES NO
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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1954, to Dec 19, 1954, that I last saw the deceased alive on Dec 19, 1954, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. G. Thompson, M.D. 23b. ADDRESS 902 Edmund - St. Joseph, Mo. 23c. DATE SIGNED 12/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-22-54 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Dec 23, 1954 REGISTRAR'S SIGNATURE Kathleen M. Allison 495-1 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Hidenfaden St. Joseph, Mo

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

FEB 2 1955

RECEIVED

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 *Robert H. Yapp*.....
Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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.