

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4029

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1619 So. 16th St.		e. STREET ADDRESS (If rural, give location) 1619 So. 16th St. 0117 0	

3. NAME OF DECEASED (Types or Print) a. (First) GEORGIA b. (Middle) PEARL c. (Last) WERTIN	4. DATE OF DEATH (Month) (Day) (Year) March 5, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 30, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 2 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home-Maker	11. BIRTHPLACE (City and State or Foreign Country) White Cloud, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Simpson	13b. MOTHER'S MAIDEN NAME Alice McPherson	14. NAME OF HUSBAND OR WIFE John L. Wertin, Sr., Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Schaufler, St. Joseph	Mo. ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder		INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 181X	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)
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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?
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22. I hereby certify that I attended the deceased from 7/20, 1954, to 3/5, 1955, that I last saw the deceased alive on 3/3, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Scott Benson M.D.	23b. ADDRESS 510 Curby Bldg. City	23c. DATE SIGNED 3/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 7/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Mar. 11, 1955	REGISTRAR'S SIGNATURE Katherine M. Allison 435	25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Joseph	ADDRESS
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WRITE PLAINLY—USING UNFADING 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.....  
*Paul J. Blaney*

Licensed Embalmer No. 467

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.