

No. 300
10-28
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FILED NOV 14 1955THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34527

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6074		Registrar's No. 321	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give town) Desloge		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY OR TOWN Desloge		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 404 Monroe				e. STREET ADDRESS (If rural, give location) 404 Monroe			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) Michael		c. (Last) Werner	
4. DATE OF DEATH Nov. 5, 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 29/1877		9. AGE (In years last birthday) 78	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (City and State or Foreign Country) Lawrence ton, Mo.		12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME George Werner		13b. MOTHER'S MAIDEN NAME Mary Gidley	
14. NAME OF HUSBAND OR WIFE Catharine Werner		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 ADDRESS Fulton Hunt Desloge, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) 4201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension				INTERVAL BETWEEN ONSET AND DEATH 4 1/2	
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)			
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 Oct 10, 1955, to 11-5, 1955, that I last saw the deceased alive on 11-1, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE H. P. Baule (Degree or title) M.D.				23b. ADDRESS Newberg Mo		23c. DATE SIGNED 11-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/8/55		24c. NAME OF CEMETERY OR CREMATORY Lawrence ton Cemetery		24d. LOCATION (City, town, or county) (State) Lawrence ton, Mo.	
DATE REC'D BY LOCAL REG. Nov. 7, 1955		REGISTRAR'S SIGNATURE C. Z. Boyer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. Boyer & Son Desloge, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

2018 8 27 AM

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 *B. G. Boyer*.....

Licensed Embalmer No. *36*

P. O. Address *Desloge, Mi*

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.