

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34305

FILED SEP 17 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8377**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Warrensburg	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hosp.		Length of stay in lb 14 days	
3. NAME OF DECEASED (Type or print) First LAWRENCE Middle RAYMOND Last WERLING		4. DATE OF DEATH Sept. 6, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Prop.		10b. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (City and state or country) Warrensburg, Mo.
13. FATHER'S NAME John Werling		14. MOTHER'S MAIDEN NAME Carolyn Fridenbach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-36-1561	
17. INFORMANT Mary M. Werling, Warrensburg, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4:20:1			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8/23/57 to 9/6/57 and last saw ^{her} him alive on 9/5/57 Death occurred at 9:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack T. Steele, M.D.		22b. ADDRESS 40 N. Ferguson 21, Mo	
22c. DATE SIGNED 9/6/57			
23a. BURIAL, CREMATION, REBURYAL (Specify) Removal		23b. DATE 9-9-57	
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill		23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
24. FUNERAL DIRECTOR ADDRESS WHITE CHAPEL, Ferguson, Missouri		25. DATE RECD. BY LOCAL REG. SEP 6 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 10 1959

NOV 6 1959

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 *Eleana Prosser*

Licensed Embalmer No. 34

P. O. Address Jennings, ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.