

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040269

STATE FILE NUMBER

5187

FILED NOV 24 1958

Registration District No. 149 Primary Registration District No. 1005

Registrar's No.

5. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EMMA - R.F.D. 0970		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		Length of stay in 1b 10 MINUTES	d. STREET ADDRESS (If outside, give location) 4 MI S.E. OF EMMA		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HENRY MARTIN WELLNER			4. DATE OF DEATH Month Day Year NOVEMBER 2, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 24, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SALINE COUNTY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME HENRY WELLNER		13b. MOTHER'S MAIDEN NAME LIZZIE WEBER		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) YES U.S.		16. SOCIAL SECURITY NO. 500-40-4974	17. INFORMANT Louis Wellner Address Emma, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral laceration					INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. 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 (a) Compound fractures both legs					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) fell into tractor power 'take-off'			
20c. TIME OF INJURY 5:30 p.m. Nov. 2, 1958		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) farm	
20f. CITY, TOWN, OR LOCATION Saline, Mo.		20g. COUNTY STATE Saline Mo.			
21. I attended the deceased from _____ to _____ and last saw her/him alive on Nov. 2, 1958. Death occurred at 8:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L.M. Roberts, M.D.			22b. ADDRESS 1906 Erie North Kansas City, Mo.		22c. DATE SIGNED Nov. 2, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL NOV. 7, 1958		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Sweet Springs, Mo
24. FUNERAL DIRECTOR L.F. PARKER Sweet Springs, Mo		25. DATE RECD. BY LOCAL REG. 11-2-58		26. REGISTRAR'S SIGNATURE Newa Minichall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L. M. Roberts

All diseases in Part I must be causally related. All diseases in Part II must be causally related. No symptoms will be listed.

NOV 25 1958

SEP 22 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 L. G. Parker

Licensed Embalmer No. 3840
P. O. Address Sweet Springs

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.