

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006054

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lee's Summit 7000 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oterbelt & Raytown Rd		Length of stay in lb 8 yrs	d. STREET ADDRESS (If outside, give location) Oterbelt & Raytown Rd Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Werber Last Werber			4. DATE OF DEATH Month 2 Day 15 Year 59		
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 21 1871	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oilier		10b. Milwaukee Railroad INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Werber		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE - - -	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Allan Olson RFD2, Lees Summit, 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) Cerebral Embolism		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT <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 **1948** to **2-15-59** and last saw her/him alive on **2-15-59**
Death occurred at **4 a** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.L. West (Degree or title) D.O.	22b. ADDRESS 13121 S 71 Hway, Grandview, Mo	22c. DATE SIGNED 2-16-59
---	---	------------------------------------

23a. BURIAL, CREMATION, OR OTHER (Specify) Burial	23b. DATE 2-17-59	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	-----------------------------	---	---

24. FUNERAL DIRECTOR E.K. George & Sons Inc, Grandview ADDRESS	25. DATE RECD. BY LOCAL REG. Mo. 2-16-59	26. REGISTRAR'S SIGNATURE Arthur W. Goddard
---	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

path, Welfare, Public Service

200
-57/

All diseases in Part I must be causally related.

MAY 15 1959

FEB 18 1959
59

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 *Herbert E. Boddard*

Licensed Embalmer No. *4911*
P. O. Address *Frankville*

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.