

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013611

STATE FILE NUMBER 1935

FILED MAY 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1935

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 OR TOWN Kansas City (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If outside give location) 1315 Askew	
Length of stay in lb 40 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Howard Middle Henry Last Werner			4. DATE OF DEATH Month April Day 16 Year 1959			
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5. SEX Male	6. COLOR OR RACE Cauc	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 6 Days 2 Hours 0 Min. 0	IF UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Belt Opera Tor	10b. KIND OF BUSINESS OR INDUSTRY Shipping	11. BIRTHPLACE (City and state or country) Alton, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry H. Werner	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hazel G. Werner
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-03-835	17. INFORMANT, Address Mrs. Hazel G. Werner 1315 Askew
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Metastatic Carcinoma Rt Lung	3-4 months
	DUE TO (c) (Oat Cell) Bronchiogenic Ca Rt Lung	14 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621		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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year 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
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21. I attended the deceased from 8-9-58 to 4-16-59 and last saw ^{her} _{him} alive on 4-15-59 Death occurred at 3:46 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Height	22b. ADDRESS 3401 E 12th KC Mo	22c. DATE SIGNED 4-17-59
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE April 18, 1959	23c. NAME OF CEMETERY OR CREMATORY MT. Olive Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 TROOST	25. DATE REC'D. BY LOCAL REG. 4-17-59	26. REGISTRAR'S SIGNATURE Reva Marshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. M. Height

ALL diseases in Part I must be causally related.

300
-57

MEDICAL CERTIFICATION

DR HAIGHT
3401 E. 12th
BE 1-4822

- Friday ONLY

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 R.E. Nichols

Licensed Embalmer No. 4997

P. O. Address KE, MO

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.