

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036483**

**FILED VS NOV 10 1959**

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 4953

STATE FILE NUMBER

UNRECORDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>WYANDOTTE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1234 Minnesota</u>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>GEORGE J. WERNER</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>Oct. 13 1959</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Aug 16, 02 57</u>	
<b>9. AGE</b> (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>57</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Truck Line International Harvester</u>	
<b>11. BIRTHPLACE</b> (City and state or country) <u>Sebeta, Kansas</u>				<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A</u>			
<b>13a. FATHER'S NAME</b> <u>Rudolph Werner</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Katherine Parrott</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Myrtice Werner</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) Yes <input checked="" type="checkbox"/> <u>WWI</u>				<b>16. SOCIAL SECURITY NO.</b> <u>513-18-7736</u>		<b>17. INFORMANT</b> Address <u>Mrs. Myrtice Werner, Chicago, Ill.</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>fractured skull</u> 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 (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>fell down some steps</u>			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year <u>10-6-59</u>		<b>20d. INJURY OCCURRED WHILE AT WORK?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>private property</u>		<b>20f. CITY, TOWN, OR LOCATION</b> <u>north Kansas City, Mo.</u>	
<b>21. I attended the deceased from _____ and last saw her/him alive of _____</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Hugh H. Owens</u>				<b>22b. ADDRESS</b> <u>1034 Piccolo Bldg</u>		<b>22c. DATE SIGNED</b> <u>10-14-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>10-15-1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Kansas City, Mo.</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Melody-McGilley-Eylar Funeral Home</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-14-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Minshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

**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 Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K. C. 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.