

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 5 1960

'59 0 4 4 8 5 4

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 21

INDEXED

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COMO TWP		c. CITY OR TOWN MALDEN, MO.	
Length of stay in 1b 25 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. OF MALDEN, MO.		d. STREET ADDRESS (If outside, give location) COMO TWP	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FRANK LAWRENCE WERNER			4. DATE OF DEATH Month Day Year DEC 12 1959			
5. SEX MALE	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-18-94	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and state or country) CLARKSVILLE, ARK		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME E. WERNER		13b. MOTHER'S MAIDEN NAME JOHANNA UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY 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) W.W.I. W.W.I.		16. SOCIAL SECURITY NO. 494-38-5118		17. INFORMANT Address MARY WERNER, MALDEN	
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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:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION			15 MIN		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE		
DUE TO (c)			4 YEARS		
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	

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 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 **JUNE 1956** to **12 DEC 59** and last saw him alive on **12 DEC 59**
Death occurred at **1:05 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree or title) Charles Williams M.D.		22b. ADDRESS MALDEN, MO.		22c. DATE SIGNED 12/13/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-16-59		23c. NAME OF CEMETERY OR CREMATORY HOLY REDEMER	
24. FUNERAL DIRECTOR D & K, FUNERAL SERV, MALDEN		ADDRESS MO.		25. DATE RECD. BY LOCAL REG. 12/19/59	
				26. REGISTRAR'S SIGNATURE Dr. Gust Husted, MD	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1960

MAY 1 0 1961

JAN 14 1960

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 *J. J. Schuman*

Licensed Embalmer No. 4086

P. O. Address Mader

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.