JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960 336

Registration District No. 336 Primary Registration District No. 6125 Registrar's No. 41

STATE FILE NUMBER 59-047082

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DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY SHANNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SUMMERSVILLE — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY SHANNON
c. CITY OR TOWN SUMMERSVILLE — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First TERESA Middle RUTH Last WERTZ
4. DATE OF DEATH Month NOV Day 3 Year 1959
5. SEX FEMALE
6. COLOR OR RACE WHT
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/24/59
9. AGE (last birthday) — IF UNDER 1 YEAR: Months 7 Days 10 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) KREMMLEY COLO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ALBERT GROVER WERTZ JR.
13b. MOTHER'S MAIDEN NAME WAVE CHRISCO
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT WAVE CHRISCO — Address SUMMERSVILLE MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cranio-Cerebral Birth injury
DUE TO (c) Medullary Paralysis
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 October 12-59 to Nov. 2-59 and last saw her/him alive on Nov. 2-1959
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr Lorene Hampton (Degree or title) DO
22b. ADDRESS Summersville Mo
22c. DATE SIGNED 1-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR L. F. Evans ADDRESS Houston Mo
25. DATE RECD. BY LOCAL REG. 1-18-60
26. REGISTRAR'S SIGNATURE Mabel Rees

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Cecil C. Crai

Signature of Student Embalmer

Licensed Embalmer No. 4766

P. O. Address Mtn Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.