URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 27 1960 2 8 2

60-027899
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Johnson Twp.
Length of stay in 1b: 8 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R 1, Humansville, Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN: Humansville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: Isabell Last: Werts
4. DATE OF DEATH: Month 7 Day 17 Year 1960
5. SEX: Fe
6. COLOR OR RACE: Wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/6/1909
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Imperial, Nebraska
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Harvey Mather
13b. MOTHER'S MAIDEN NAME: Clara Trimmer
14. NAME OF HUSBAND OR WIFE: Robert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-40-7813
17. INFORMANT: Robert Werts, Humansville, 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): Chronic Myocarditis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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 1959, to July 1960 and last saw her alive on 7/15/60
Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G G Robinson (Degree or title) M. D.
22b. ADDRESS: Humansville, Mo.
22c. DATE SIGNED: 7/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/19/1960
23c. NAME OF CEMETERY OR CREMATORY: Humansville Cemetery
23d. LOCATION (City, town, or county) (State): Humansville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Beckwith Funeral Home, Humansville, Mo.
25. DATE RECD. BY LOCAL REG.: July 21, 1960
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

MAY 2 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed O. H. Beckwith

Signature of Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Hamansville, N

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.