

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020509

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000

615

STATE FILE NUMBER

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

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 56 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If outside, give location) 2503 North 29th Street	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Frederick William Werner			4. DATE OF DEATH Month Day Year June 15, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH August 30, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Werner Shoe Co.		10b. KIND OF BUSINESS OR INDUSTRY Werner Shoe Co.	9. AGE (last birthday) 78
11. BIRTHPLACE (City and state or country) Troy Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Paul F. Werner		13b. MOTHER'S MAIDEN NAME Louise Graves	14. NAME OF HUSBAND OR WIFE Hattie F. Werner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Hattie F. Werner St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular dilatation DUE TO (b) Eclipsic aortic stenosis DUE TO (c) Arteriosclerotic heart disease. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Minutes Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular insufficiency; hydrothoraces			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 a.m. p.m. Month, Day, Year			
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 4/1/61 to 6/15/61 and last saw her/him alive on 6/15/61		Death occurred at 7:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Paul A. Potter, Jr. M.D.		22b. ADDRESS	22c. DATE SIGNED 6/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 17, 1961	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman Inc. St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 21, 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Hardell

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
C.A. Potter, Jr. M.D. MEDICAL CERTIFICATION

JUN 27 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond H. Tracy

Licensed Embalmer No. 5147

P. O. Address St. Joseph

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.