

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9105
State File No. 1253

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1253	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 6 wks.		c. CITY (If outside corporate limits, write RURAL and give township) Indianapolis 8139			
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran				d. STREET ADDRESS (If rural, give location) 8 X			
3. NAME OF DECEASED (Type or Print) BERTHA		a. (First) M		c. (Last) WILLNER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 16 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-28-1885	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY X X		11. BIRTHPLACE (State or foreign country) Bunton, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Sellers		13b. MOTHER'S MAIDEN NAME Margaret Barkine		14. NAME OF HUSBAND OR WIFE Chas. W. Willner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X X		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Birch L. Morris, 1540 Fern St. E. Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA (Cardio-Renal Syndrome) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIO-RENAL DISEASE DUE TO (c) AURICULAR FIBRILLATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442 X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 1, 1950, to Mar. 16, 1950, that I last saw the deceased alive on 3/16, 1950, and that death occurred at 7:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE P. E. Pearson (Degree or title) M.D.				23b. ADDRESS 1025 Riata Dr. K.C. Mo		23c. DATE SIGNED 3/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-18-50		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Bunton Mo	
DATE REC'D BY LOCAL REG. 3-16-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE JTT Wagner		ADDRESS K. C. Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Alvin R. Haunschele

Licensed Embalmer No. 4159

P. O. Address: Kansas City, 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 this body is not embalmed, fact should be so stated above.