

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36073

FILED OCT 31 1951

(6098) State File No. 6098 Registrar's No. 40

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 6098		Registrar's No. 40			
1. PLACE OF DEATH a. COUNTY SCHUYLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCHUYLER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER		c. LENGTH OF STAY (in this place) 82		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER		091			
d. FULL NAME OF (If not in hospital, write full name and address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) LIBERTY T.S.					
3. NAME OF DECEASED (Type or Print) a. (First) HEIPMAN b. (Middle) AMOS c. (Last) WERNER			4. DATE OF DEATH (Month) (Day) (Year) OCT 21 1951						
5. SEX M U		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR 23, 1889			
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) SCHUYLER, MO		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME FREDRICK WERNER			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE CORA A. WERNER				
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK WERNER LANCASTER, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				ANTECEDENT CAUSES (b) Senility					
II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Oct 21, 1951, to Oct 21, 1951, that I last saw the deceased alive on Sept 7, 1951, and that death occurred at 11:15 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R.E. Vaughn, D.O. 2 Lancaster, Mo				23b. ADDRESS		23c. DATE SIGNED 10/22/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct 24, 51		24c. NAME OF CEMETERY OR CREMATORY IOOF CEM		24d. LOCATION (City, town, or county) (State) LANCASTER MO			
DATE REC'D BY LOCAL REG. Oct 24 51		REGISTRAR'S SIGNATURE (Signature) 1353		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett A. Head Lancaster Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

098

Date Received: OCT 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-19
Date Filed: OCT 30 1951

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.