

U.S. No. 300
Rev. 10-48

FILED NOV 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 38014

0570
1

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 2671 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Truxton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Truxton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Flai Homeilda Werges		d. STREET ADDRESS (If rural, give location) Truxton	

3. NAME OF DECEASED
(Type or Print) **Elsie Matilda Werges**

a. (First) _____ b. (Middle) _____ c. (Last) **Werges**

4. DATE OF DEATH (Month) (Day) (Year)
10 30 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 3-10-1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY General duties		11. BIRTHPLACE (State or foreign country) Warren Co Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME **Henry H. Werges**

13b. MOTHER'S MAIDEN NAME **Johanna Braicht**

14. NAME OF HUSBAND OR WIFE **-**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME **Mr. G.A. Werges**

ADDRESS **Truxton Mo.**

19. 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, ashenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonia hypostatic lobal**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Rheumatoid arthritis multiple**

DUE TO (c) **Cerebral arteriosclerosis and**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Simple Dementia

INTERVAL BETWEEN ONSET AND DEATH
2 wks.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **334X**

20. AUTOPSY? YES NO

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)
Truxton Lincoln Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct 22, 1951**, to **Oct 30, 1951**, that I last saw the deceased alive on **Oct 22, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Harold H. Holscher M.D.**

23b. ADDRESS **W. W. W. W. W.**

23c. DATE SIGNED **11-1-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **11-1-1951**

24c. NAME OF CEMETERY OR CREMATORY **Zion Cemetery**

24d. LOCATION (City, town, or county) (State) **Truxton Lincoln Co. Mo.**

DATE REC'D BY LOCAL REG. **11-6-1951**

REGISTRAR'S SIGNATURE **Emma R. Kiddle**

25. FUNERAL DIRECTOR'S SIGNATURE **Alford G. Jones**

ADDRESS **Belleflower Mo.**

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 11 1951

RECEIVED

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 _____

Me _____, Student Embalmer No. _____,

working under my personal supervision.

Student
Student Embalmer

Signed Oland A Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.