

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hutton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jayette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>		d. STREET ADDRESS (If rural, give location) <u>406 Watts</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WERNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1952</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>May 21-1872</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>8</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ministry</u>	11. BIRTHPLACE (State or foreign country) <u>Davis Co, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Daniel Werner</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Catherine Orilla Werner</u>	
14. NAME OF HUSBAND, OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Roy Werner</u>		ADDRESS <u>Jayette Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>B. pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infected R. leg</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input 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) _____		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 <u>1-10</u> , 19 <u>52</u> to <u>1-17</u> , 19 <u>52</u> that I last saw the deceased alive on <u>1-17</u> , 19 <u>52</u> and that death occurred at <u>12:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O Caldwell M.D.</u>		23b. ADDRESS <u>State Hos Hutton Mo</u>	
23c. DATE SIGNED <u>1-17-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/19/1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jayette Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 17-1952</u>		REGISTRAR'S SIGNATURE <u>Murieth Lawrence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Salph A. Cass</u>		ADDRESS <u>Jayette Mo.</u>	

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

0143  
Ann

1887

**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 \_\_\_\_\_

*Ralph A. Case*

Licensed Embalmer No. 3340

P. O. Address Fayette 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.