

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12308

State File No.

APR 24 1952

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4093 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Lynne</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Lynne, 0190</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>H.</u> c. (Last) <u>WERTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>12-17-1876</u>			9. AGE (In years last birthday) <u>75</u> If UNDER 1 YEAR Months <u>3</u> Days <u>20</u> If UNDER 12 Hrs. Hours <u>1</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hickory Co, Mo, U</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Marion Moore</u>		
13b. MOTHER'S MAIDEN NAME <u>Margaret Frances</u>			14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Wertz</u> ADDRESS <u>East Lynne, Mo</u>	
--	--	----------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC DECOMPENSATION</u>			2 yrs.
		DUE TO (c) <u>SENILITY-GENERAL DEBILITY</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

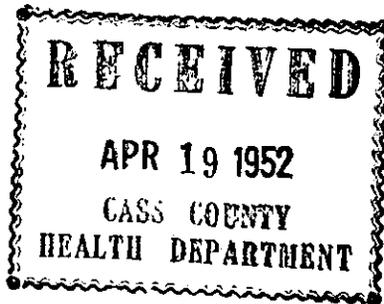
22. I hereby certify that I attended the deceased from 5-11-1950, to 4-7-1952, that I last saw the deceased alive on 4-5-1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David Shing, M.D.</u>		23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>4-8-52</u>	
---	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>April 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clearfork Ceme</u>	
				24d. LOCATION (City, town, or county) (State) <u>East Lynne Mo.</u>	

DATE REC'D BY LOCAL REG <u>Apr 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Lora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. D. Naylor</u> ADDRESS <u>East Lynne Mo.</u>	
---	--	---	--	--	--

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 *G. O. Nartzler*

Licensed Embalmer No. 277

P. O. Address East Lynne, 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.