

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31601

State File No.

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5497 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Marion</u>	c. LENGTH OF STAY (In this place) <u>16 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marion 0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5-M - L Ridgeway Mo</u>		d. STREET ADDRESS (If rural, give location) <u>5-M - L Ridgeway Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Wernitch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 23 - 53</u>
---	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. - 9 - 1871</u>	9. AGE (In years last birthday) <u>82</u>	if UNDER 1 YEAR Months <u>7</u> Days <u>14</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Keeper of Home</u>	11. BIRTHPLACE (State or foreign country) <u>James town Penn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>Winfield Bruner</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shank</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Wernitch Deceased</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, state year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Fipp Ridgeway Mo</u>	ADDRESS <u></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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</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.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>1222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 18 1953</u>	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 Sept 14, 1953 to Sept 18, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lester Bruner M.D.</u>	23b. ADDRESS <u>Ridgeway Mo.</u>	23c. DATE SIGNED <u>Sept 25 1953</u>
---	-------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>9-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1 1/2 M.S. 20. Paducah Mo.</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Sept. 25 1953</u>	REGISTRAR'S SIGNATURE <u>Lester Bruner 118</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Baggess</u>	ADDRESS <u>Ridgeway 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 *Robert R. Boyers*

Licensed Embalmer No. *35276*

P. O. Address *Ridgeway 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.