

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 70

1. PLACE OF DEATH
 a. COUNTY Johnson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARREN BURG
 c. LENGTH OF STAY (in this place) 9 DAYS
 d. FULL NAME OF HOSPITAL OR INSTITUTION WARRENSBURG MEDICAL CENTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY LAFAYETTE
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FREEDOM 0540
 d. STREET ADDRESS (If rural, give location) 4 MI SOUTH EAST CONCORDIA, MO

3. NAME OF DECEASED (Type or Print)
 a. (First) SOPHIA b. (Middle) _____ c. (Last) WERTHS
4. DATE OF DEATH (Month) (Day) (Year) JUNE 22 1954

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED
8. DATE OF BIRTH APRIL 6, 1876 **9. AGE** (In years last birthday) 78 **10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) HOUSE WIFE **10b. KIND OF BUSINESS OR INDUSTRY** Home Work **11. BIRTHPLACE** (State or foreign country) CONCORDIA, MO **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME AUGUST SEMMLET **13b. MOTHER'S MAIDEN NAME** UNKNOWN **14. NAME OF HUSBAND OR WIFE** HENRY WERTHS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** NO **17. INFORMANT'S SIGNATURE OR NAME** HENRY WERTHS **ADDRESS** CONCORDIA, 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding Gastric Ulcer
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 _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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)** 5400

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ **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 6-12, 1954, to 6-22, 1954, that I last saw the deceased alive on 6-21, 1954, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper M.D. (Degree or title) **23b. ADDRESS** Warrensburg, MO **23c. DATE SIGNED** 6-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 6/25/54 **24c. NAME OF CEMETERY OR CREMATORY** ST. MATTHEW'S **24d. LOCATION** (City, town, or county) (State) FITZPATRICK MO

DATE REC'D BY LOCAL REG. June 24, 1954 **REGISTRAR'S SIGNATURE** Savannah Cutchfield **25. FUNERAL DIRECTOR'S SIGNATURE** E. L. Jones **ADDRESS** Concordia, MO

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

RECEIVED
JUN 28 1964
JOHNSON COUNTY HEALTH DEPT

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

working under my personal supervision.

Student Embalmer No.

Signed E. S. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concord, W.

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.