

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1956

State File No. **24752**

BIRTH NO. 47873-56 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 198

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Charles</b> )		c. CITY OR TOWN <b>O'Fallon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If in place) <b>24 hours</b>		e. STREET ADDRESS (If rural, give location) <b>O'Fallon Rural</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospt. St Charles</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joane</b>		b. (Middle) <b>Linn</b> c. (Last) <b>Werner</b>	
4. DATE OF DEATH <b>July 26 1956</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>July 25 1956</b>		9. AGE (In years last birthday) <b>12</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Randolph Werner</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Causland</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Randolph Werner</b> ADDRESS <b>O'Fallon Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Neonatal Death</b>		INTERVAL BETWEEN ONSET AND DEATH <b>22 hrs</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Premature Infant</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>7735</b>	
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 <u>25 July 1954</u> , to <u>26 July 1954</u> , that I last saw the deceased alive on <u>26 July 1954</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Kene D. Worrester M.D.</i>		23b. ADDRESS <b>O'Fallon, Mo</b>	
23c. DATE SIGNED <b>7 Aug 56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Randolph</b>	
24b. DATE <b>7-27-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>O'Fallon Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl Keilley</b> ADDRESS <b>O'Fallon Mo</b>	
DATE REC'D BY LOCAL REG. <b>Aug 6 1956</b>		REGISTRAR'S SIGNATURE <b>Karnie Hamilton</b>	

AUG 14 1956

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.....  
Signature of Student Embalmer

Signed.....

*Baby not embalmed*  
*E. Keithy*

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.