

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28585

STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 105

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|---|------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Johnson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Warrensburg | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center (Location) | | Length of stay in lb Life | d. STREET ADDRESS (If outside, give location) 502 East Market | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Edward Middle Anthony Last Werling | | | 4. DATE OF DEATH Month September Day 2 Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE CAU | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 17, 1888 | 9. AGE (In years birthday) 69 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Commissioner | | 10b. KIND OF BUSINESS OR INDUSTRY City | | 11. BIRTHPLACE (City and state or country) Warrensburg, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Werling | | 13b. MOTHER'S MAIDEN NAME Caroline Freidabauch | |
| 14. NAME OF HUSBAND OR WIFE Clara H. Werling | | 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. 496-16-6253 | |
| 17. INFORMANT Mrs. E.A. Werling, Warrensburg, Mo. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis | | INTERVAL BETWEEN ONSET AND DEATH 1 yr | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension Cardiovascular disease | | DUE TO (c) | | 3 yrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour 7 a.m. 0 p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Warrensburg, Mo | | COUNTY Johnson STATE Missouri | |
| 21. I attended the deceased from Oct 3, 57 to Sept 2, 57 and last saw him alive on Sept 2, 57 Death occurred at 7 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>E. A. Werling</i> (Degree or title) M.D. | | | 22b. ADDRESS Warrensburg, Mo | | 22c. DATE SIGNED Sept 4, 57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4 Sep 57 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill | | 23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri | |
| 24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo. | | ADDRESS Warrensburg, Mo | | 25. DATE RECD. BY LOCAL REG. Sept. 5, 1957 | 26. REGISTRAR'S SIGNATURE <i>Savannah Curtisfield</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John P. Rodgers*

Licensed Embalmer No. 4963.....

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