URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959 53

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 362

59-031705
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Missouri Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN Fredericktown — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 411 Virginia — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Charles Middle Ernest Last Wernecker

4. DATE OF DEATH Month October Day 2, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/1/1901
9. AGE (last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shift Foreman
10b. KIND OF BUSINESS OR INDUSTRY National Lead Co.
11. BIRTHPLACE (City and state or country) Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Wernecker
13b. MOTHER'S MAIDEN NAME Mary Alice Ray
14. NAME OF HUSBAND OR WIFE Danna Wernecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-10-9218
17. INFORMANT Mrs. Danna Wernecker — Address Fredericktown, 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) Carcinoma of lung c
DUE TO (b) Wide Spread Bony
DUE TO (c) Metastases
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 3 Mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/13/59 to 10/2/59 and last saw her/him alive on 10/2/59
Death occurred at 10/2/59 3:10 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. P. McGinty, M.D.
22b. ADDRESS 1912 Broadway Cape Girardeau, Mo.
22c. DATE SIGNED 10/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-5-'59
23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park
23d. LOCATION (City, town, or county) (State) Madison County, Mo.

24. FUNERAL DIRECTOR [signature] ADDRESS Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG. 10-9-1959
26. REGISTRAR'S SIGNATURE Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

VS OCT 15 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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Neil H. Grosheide

Licensed Embalmer No. 4994

P. O. Address Cape Girard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.