

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006802

FILED VS MAR 3 1960 157

3028 Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage		Length of stay in 1b 4 days	c. CITY OR TOWN Temple
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1613 N. 5th. St.

3. NAME OF DECEASED (Type or print) First Middle Last Samuel A. Wernli			4. DATE OF DEATH Month Day Year Feb 21, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-6-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Desk Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and state or country) Switzerland U.S.A.	
13a. FATHER'S NAME Jacob Wernli		13b. MOTHER'S MAIDEN NAME Barbara Link		14. NAME OF HUSBAND OR WIFE Minnie Wagner	
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. 449-01-4363		17. INFORMANT Mrs. Betty Kaylor, Temple, Texas	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, viral type		INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellites		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 a.m. p.m. Month, Day, Year			

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 Carthage, Mo.	
21. I attended the deceased from _____, to 2-21-1960 and last saw ^{her} him alive on 2/21/60 Death occurred at 12:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>Emergency P. [Signature]</i>		22b. ADDRESS 417 So. Main Carthage, Mo.		22c. DATE SIGNED 2-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-22-60	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Temple, Texas	
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 2-21-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Don R Housh, ^{Permit} Student Embalmer No. 4
working under my personal supervision.

Student Don R Housh
Signature of Student Embalmer

Signed Edwin L. Thayer

Licensed Embalmer No. 1955
P. O. Address Gettysburg

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.