URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038870
STATE FILE NUMBER

FILED NOV 14 1960 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEXINGTON — Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSP'T — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LAFAYETTE
c. CITY OR TOWN Higginsville — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) ARCADE HOTEL — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: JESSE Middle: AUBREY Last: WERTZ
4. DATE OF DEATH Month: October Day: 22 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: OCT 14-1883
9. AGE (last birthday): 77 — 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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE
11. BIRTHPLACE (City and state or country): LEXINGTON MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: GEORGE WERTZ
13b. MOTHER'S MAIDEN NAME: EMMA CALLAWAY
14. NAME OF HUSBAND OR WIFE: GABRIELLE WERTZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-38-5118
17. INFORMANT: JAMES WILEY Address: Higginsville MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CVA — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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)
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 10-22-60 to 10-22-60 and last saw ~~him~~ him alive on 10-22-60
Death occurred at 7:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilfred E. Fulkerson M.D.
22b. ADDRESS: Higginsville Mo.
22c. DATE SIGNED: 10-28-60

23a. BURIAL, ~~CREMATION, REMOVAL~~, (Specify): BURIAL
23b. DATE: OCT 25 1960
23c. NAME OF CEMETERY OR CREMATORY: LEXINGTON CEMETERY
23d. LOCATION (City, town, or county) (State): LEXINGTON MISSOURI

24. FUNERAL DIRECTOR: WIEGERS-RIEKHOF ADDRESS: Higginsville Mo
25. DATE RECD. BY LOCAL REG.: 10-30-60
26. REGISTRAR'S SIGNATURE: Minerva E Eastlund

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 18 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Roy F Wiegers
Signature of Student Embalmer

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.