

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017865

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2208 STATE FILE NUMBER

AMENDED FILED MAY 19 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF
H. Owens
Huggins

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 9 years		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS (If outside, give location) 5535 HIGHLAND	
3. NAME OF DECEASED (Type or print) First KARL Middle PETER Last WERLE		4. DATE OF DEATH Month 5 Day 2 Year 1961	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1904
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months 56 Days	IF UNDER 24 HR Hours 56 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEMAN & GROUNDKEEPER - PERSONAL SERVICE		10b. KIND OF BUSINESS OR INDUSTRY YUGOSLAVIA	
11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY GERMANY	
13a. FATHER'S NAME Jakob Werle		13b. MOTHER'S MAIDEN NAME Katharina Kitzer	
14. NAME OF HUSBAND OR WIFE ELIZABETH WERLE		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.		17. INFORMANT MR. WERNER MUSIK, 5535 HIGHLAND	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ruptured Pancreas Trauma to mesentery DUE TO (c) Peritoneal & Retroperitoneal Hemorrhage PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) One Car Ram into vehicle	
20c. TIME OF INJURY Hour 4-30 Month, Day, Year 6/1	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.) Street		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at 5:45 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ruth Owens Corcoran		22b. ADDRESS 152 Union Station	
22c. DATE SIGNED 5-3-61		22d. SIGNATURE Ruth Long	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 5, 1961	
23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 5-4-61	

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 *Vern Lawler*

Licensed Embalmer No. 4915

P. O. Address K.C. 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.