

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036555  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5150  
**FILED OCT 7 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS-300 Rev. 4/59	DATE AMENDED	
1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
2	INSTEAD OF	
3	DOCUMENT	
4	MEDICAL CERTIFICATION	
5	BY AFFIDAVIT OF	
6	SHOULD READ	
7	ITEM NO.	
8	FRANK ELLIS	
9	MAY 21 1963	
10	GREEN LAWN CEMETERY	
11	KANSAS CITY MISSOURI	
12	D.W. NEWCOMER'S SONS	
13	KANSAS CITY, MO.	

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>			Length of stay in 1b <b>44 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Gen Hosp and Med Center</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2618 EAST 78<sup>TH</sup> ST. TERRACE</b>	
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH Month Day Year	
			<b>Odessa</b>	<b>L.</b>	<b>Werner</b>	<b>9 - 19 - 63</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/2/1893</b>	9. AGE (last birthday) <b>70</b>	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) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <b>URBANA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>CHRISTOPHER LIGHTNER</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH MARY LINDSEY</b>		14. NAME OF HUSBAND OR WIFE <b>ARTHUR R. WERNER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. -----		17. INFORMANT <b>ARTHUR R. WERNER</b> Address <b>2618 EAST 78<sup>TH</sup> ST. TERRACE, MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease with congestive heart failure, uncompensated</b>							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 checked="" type="checkbox"/>	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 <u>9-7-63</u> to <u>9-19-63</u> and last saw her/him alive on <u>9-19-63</u> Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Frank Ellis</i>				22b. ADDRESS <b>2400 Cherry</b>		22c. DATE SIGNED <b>9-20-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>SEPT. 21, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b> Address <b>1331 Brush Cr.</b>			25. DATE RECD. BY LOCAL REG. <b>9-20-63</b>		26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>		

USE BLACK INK OR TYPEWRITER RIBBON

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 Eldon Norris, Student Embalmer No. 700  
working under my personal supervision.

Student

Eldon Norris

Signature of Student Embalmer

Signed

Dean W. Huff

Licensed Embalmer No.

4914

P. O. Address

Indy, 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.