

FILED JUL 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19910**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **160**

0264
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Marcell	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 1/2 mi South of Centertown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Smith Hospital			
3. NAME OF DECEASED a. (First) Leonard b. (Middle) Wolf c. (Last) Wolf			4. DATE OF DEATH (Month) (Day) (Year) 6 26 1952
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 14, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months 11 Days 12 IF UNDER 1 HR.: Hours 0 Min. 0
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Wolf		13b. MOTHER'S MAIDEN NAME Elizabeth Heinrich	
14. NAME OF HUSBAND OR WIFE unmarried			
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. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Wolf, Centertown, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary paralysis INTERVAL BETWEEN ONSET AND DEATH 2 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) subdural Hematoma 50 hours DUE TO (c) fractured Occipital, Basilar fracture with displacement of fragments 50 hours	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 026	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marion Township Cole Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/24/52 6:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> autobus accident	
22. I hereby certify that I attended the deceased from June 24, 1952 , to June 26, 1952 , that I last saw the deceased alive on June 26, 1952 , and that death occurred at 7:25 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Charles E. Smith		23b. ADDRESS Centertown, Mo	
23c. DATE SIGNED 6/27/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 27, 1952	
24c. NAME OF CEMETERY OR CREMATORY Centertown Luth		24d. LOCATION (City, town, or county) (State) Centertown Mo	
DATE REC'D BY LOCAL REG. July 1-1952		REGISTRAR'S SIGNATURE R.P. Davis	
25. FUNERAL DIRECTOR'S SIGNATURE H.H. Schubert		ADDRESS Russellville Mo	

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 _____
Student Embalmer

Signed H. H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville

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 this body is not embalmed, fact should be so stated above.