

# STANDARD CERTIFICATE OF DEATH

40512

State File No. ....

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 105

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>	
c. LENGTH OF STAY (in this place) <u>10 da.</u>		d. STREET ADDRESS (If rural, give location) <u>Watts Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Wolfrum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April, 12, 1878</u>	9. AGE (In years last birthday) Months Days <u>72 8 1</u>	IF UNDER 1 YEAR IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo</u>	
13a. FATHER'S NAME <u>Christian Wolfrum</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Blanck</u>		14. NAME OF HUSBAND OR WIFE <u>John Hinck</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred W. Wolfrum Fayette, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u>		DUPLICATE OF (a)		<u>3 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUPLICATE OF (b)			
		DUPLICATE OF (c)		<u>4214</u>	
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec. 12, 1950 to Dec. 13, 1950, that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 6:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mary L. Shaw M.D.</u>		23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>12-14-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rohrbach Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12-14-50</u>		REGISTRAR'S SIGNATURE <u>Mary L. Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles A. Carr</u>		ADDRESS <u>Fayette, Mo</u>	
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MAY 10 1951

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Ralph A. Cass

Licensed Embalmer No. 3340

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.