

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34179

State File No.

| | | | | | | | |
|--|-------------------------------|--|---|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>225</u> | | PRIMARY REG. DIST. NO. <u>5797</u> | | Registrar's No. <u>26</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONITEAU</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - WILLOW-FORK</u> | | c. LENGTH OF STAY (In this place) <u>LIFE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - WILLOW-FORK</u> | | d. STREET ADDRESS (If rural, give location) <u>5MI S.W. TIPTON</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMI S.W. TIPTON</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5MI S.W. TIPTON</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY-</u> b. (Middle) <u>P.</u> c. (Last) <u>WOLF</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-26-50</u> | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>4-24-1877</u> | 9. AGE (In years last birthday) <u>73</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-WIFE</u> | 11. BIRTHPLACE (State or foreign country) <u>MORGAN - CO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-WIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>MORGAN - CO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
| 13a. FATHER'S NAME <u>OTTO-SCHRECK</u> | | 13b. MOTHER'S MAIDEN NAME <u>KATHERINE-KUEBLIS</u> | | 14. NAME OF HUSBAND OR WIFE <u>THOMAS-F-WOLF</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas F Wolf Tipton Mo</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - chronic</u> | | | | 15 yrs. | | | |
| DUE TO (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 4201 | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Sept 1947</u> to <u>Oct 24, 1950</u> , that I last saw the deceased alive on <u>Oct 24</u> , 1950, and that death occurred at <u>9:10 A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. M. L. ...</u> | | | | 23b. ADDRESS <u>Tipton, Mo</u> | | 23c. DATE SIGNED <u>10-27-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10-28-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC-CEMETERY TIPTON</u> | | 24d. LOCATION (City, town, or county) (State) <u>MO</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct. 28-1950</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Maud Hudson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. ...</u> | | ADDRESS <u>Tipton Mo</u> | |

(Licensed Embalmer - Statement on Reverse Side)

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

RECEIVED 11-3-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-3-50

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 *James E. Richards*

Licensed Embalmer No. 2464

P. O. Address *Lupton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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