

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4643**

FILED FEB 28 1949

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5466		Registrar's No. 156		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar				
b. CITY (If outside corporate limits, write RURAL and give TOWN Rural—South Campbell)		c. LENGTH OF STAY (In this place) 16 Days		c. CITY (If outside corporate limits, write RURAL and give township) Jerico Springs, Missouri				
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL				d. STREET ADDRESS (If rural, give location) Rural				
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Josephine c. (Last) Wolf			4. DATE OF DEATH (Month) (Day) (Year) 2-17-49					
5. SEX Female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 30, 1876		
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME E.W. Montgomery			13b. MOTHER'S MAIDEN NAME Cynthia Church			14. NAME OF HUSBAND OR WIFE H. J. Wolf		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME H.J. Wolf, Jerico Springs, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure					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) Pulmonary embolism						
		DUE TO (c) Fractured left Hip, 9/21/48						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 2/2/49		19b. MAJOR FINDINGS OF OPERATION hip fracture reduced & pinned					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Jerico Springs, Cedar, Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 1 1949 m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on ice				
22. I hereby certify that I attended the deceased from 2-1-49 , to 2-17-49 , that I last saw the deceased alive on 2-16-49 , and that death occurred at 7:30 m. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. A. Michael D.O.				23b. ADDRESS 700 East Sunshine Springfield, Missouri		23c. DATE SIGNED 2-17-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/19/49		24c. NAME OF CEMETERY OR CREMATORY Stockton City Cem.		24d. LOCATION (City, town, or county) (State) Stockton, Missouri		
DATE REC'D BY LOCAL REG. 2/17/49		REGISTRAR'S SIGNATURE W. E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS John Patton, Stockton, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1949

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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stoughton, W

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.