

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5729

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clara</u>		b. (Middle) <u>Colleen</u>		c. (Last) <u>Wolf</u>	
4. DATE OF DEATH		(Month) <u>2/</u>		(Day) <u>12/</u>		(Year) <u>1949</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>January 5, 1928</u>	9. AGE (In years last birthday) <u>21</u>	10. UNDER 1 YEAR Months <u>/</u> Days <u>/</u>	11. UNDER 10 HRS. Hours <u>/</u> Mins. <u>/</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Leonard F. Lamb</u>		13b. MOTHER'S MAIDEN NAME <u>Jewel Merrick</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer W. Wolf</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer W. Wolf</u> ADDRESS <u>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>Sub-acute Bacterial Endocarditis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Walled off abscesses in abdomen of appendix and both tubes</u> DUE TO (c) <u>Surgical drainage of abscesses</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5501</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u> <u>3 weeks</u> <u>3 days</u>	
19a. DATE OF OPERATION <u>2/9/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Walled off abscesses - Appendix and both fallopian tubes</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>/</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>/</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>/</u>		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>2/9</u> , 19 <u>49</u> , to <u>2/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/12</u> , 19 <u>49</u> , and that death occurred at <u>4:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. Huachs</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Woodland Hospital, Sedalia, Missouri</u>		23c. DATE SIGNED <u>2/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Andrews</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2/14/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		FUNDING DIRECTOR'S SIGNATURE <u>James E. Huachs</u>		ADDRESS <u>Tipton</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-21-49

APR 2 1949

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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.

Signed.....  
Student Embalmer

Signed *Jessie E. Richardson*  
Licensed Embalmer No. *2466*

P. O. Address *Lipton, 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.