

FILED OCT 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 34718

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4426</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Play,</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Play</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Curtis</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Wollard</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>10-</u>		(Year) <u>1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 29- 1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allen Wollard</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Wollard</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 <u>Grace Wollard, Fair Play, 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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Generalized Arthritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs +</u> <u>15 yrs +</u> <u>4200</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) (Min.)		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 _____, 19____, to <u>Oct 10, 1949</u> , that I last saw the deceased alive on <u>Oct 7, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clifford F. Wilson</u>				23b. ADDRESS <u>Fair Play Mo</u>		23c. DATE SIGNED <u>10/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dunnegan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dunnegan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 13, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Garden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>258 Jewell Barker</u>		ADDRESS <u>Crown + Blue, Fair Play, Mo.</u>	

RECEIVED

District Health Officer No: 71

District File Number 9-49-1240

Date Filed 10-18-49

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

Willard B Erwin

Licensed Embalmer No. 3092

P. O. Address Galivar, Me

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.