

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9430

State File No.

FILED MAR 27 1950

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5624 Registrar's No. 11

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Knox	a. STATE Missouri b. COUNTY Knox		
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Shelton Twp	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Knox City Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle)	c. (Last) Wolter Jr.	4. DATE OF DEATH (Month) (Day) (Year) March 12 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 23 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 5 Days 19	IF UNDER 2 HRS. Hours 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Garage Implicant Dealer	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Wolter	13b. MOTHER'S MAIDEN NAME Justina Huffman	14. NAME OF HUSBAND OR WIFE Golda Wolter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Golda Wolter	ADDRESS Knox City Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6-8 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) .		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4321	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 15, 1950, to Mar 12, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 10:30 Am., from the causes and on the date stated above.

23a. SIGNATURE Waldo B. Iron	(Degree or title)	23b. ADDRESS Knox City Mo.	23c. DATE SIGNED 3/18/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 15 50	24c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery	24d. LOCATION (City, town, or county) (State) Knox City Mo.
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DATE REC'D BY LOCAL REG. Mar. 20-50	REGISTRAR'S SIGNATURE Nelle S. ...	25. FUNERAL DIRECTOR'S SIGNATURE J. Seeger	ADDRESS Knox City Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
m/11.56
252
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAR 28 1950

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

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.