

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15518

State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Slater	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Slater	0971
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) home in Slater		d. STREET ADDRESS (If rural, give location) Parker St.	
3. NAME OF DECEASED a. (First) Jennie (Type or Print)		b. (Middle) Catherine	
		c. (Last) Wolfskill	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 17-'50			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct. 4th 1863
9. AGE (in years last birthday) 86		IF UNDER 1 YEAR Months 5 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY housewife	
11. BIRTHPLACE (State or foreign country) Saline County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Monroe Wooldridge		13b. MOTHER'S MAIDEN NAME Sallie Norvell	
14. NAME OF HUSBAND OR WIFE Joe Wolfskill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Herbert Wolfskill		ADDRESS Slater, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION:			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza		INTERVAL BETWEEN ONSET AND DEATH 11 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		481X	
DUE TO (c) _____		10 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic myocarditis			
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) (m.)		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>3-6</u> , 19 <u>50</u> , to <u>3-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-16</u> , 19 <u>50</u> , and that death occurred at <u>1 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE H. J. Sullivan		23b. ADDRESS 8 m.D. Miami, Mo.	
23c. DATE SIGNED 3-17-1950			
24a. BURIAL, CREMATION, REMOVAL, (Specify)		24b. DATE Nov. 19-'50	
24c. NAME OF CEMETERY OR CREMATORY Slater City		24d. LOCATION (City, town, or county) (State) Slater, Mo.	
DATE REC'D BY LOCAL REG. 3/19/50		REGISTRAR'S SIGNATURE Mrs. Earl C. Metz	
25. FUNERAL DIRECTOR'S SIGNATURE Will Brothers		ADDRESS Slater, Mo	

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

0971
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RECEIVED

APR 8

District Health Officer No. 8.

District File Number.....

Date Filed 4-29-50

STATEMENT OF 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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, 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.