

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17831**

FILED MAY 18 1950

BIRTH NO. 3329-50 REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6022 Registrar's No. 19

880

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thomas Hill, Randolph Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thomas Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roger</u>	b. (Middle) <u>Lane</u>	c. (Last) <u>Wolverton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1950</u>
--	-------------------------	-------------------------	----------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan. 5, 1950</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
-----------------------	----------------------------------	--	---	---------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Randolph County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>Charles Edward Wolverton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Emperly</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Wolverton</u>	ADDRESS <u>Thomas Hill,</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Spinal Bifida</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>4 days</u> <u>15X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>meningitic</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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 May 8, 1950, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 6 am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Huntsville Mo.</u>	23c. DATE SIGNED <u>5/13/50</u>
--------------------------------------	-------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Thomas Hill, Missouri.</u>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5-8-1950</u>	REGISTRAR'S SIGNATURE <u>Mr. D.A. Bernhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>	ADDRESS <u>Huntsville</u>
---	---	--	------------------------------

RECEIVED

MAY 16 1950

Director Health Officer No. 10

District File Number 5-27-84

Date Filed

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 *Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntsville, Ala*

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.