

071

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36106

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Bates</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>68 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		<u>0071</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 E. Dakota</u>				d. STREET ADDRESS (If rural, give location) <u>307 E. Dakota</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Elizabeth</u>			b. (Middle) <u>D.</u>			c. (Last) <u>Wolfe</u>	
(Type or Print)			(Month) (Day) (Year)			<u>Nov. 25, 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 28, 1864</u>	
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Xanthus Kennedy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>		14. NAME OF HUSBAND OR WIFE <u>George Wolf - Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Bassett-Butler, Mo</u>			
(If yes, give war or dates of service)		NO.		ADDRESS			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchial pneumonia</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
ANTECEDENT CAUSES				II. OTHER SIGNIFICANT CONDITIONS			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Conditions contributing to the death but not related to the disease or condition causing death.			
DUE TO (b) _____				DUE TO (c) _____			
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)		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>Sept</u> , 19 <u>40</u> , to <u>Nov. 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 25</u> , 19 <u>50</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. A. LaHue, M.D.</u>				23b. ADDRESS <u>Butler, Mo</u>		23c. DATE SIGNED <u>11-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Round Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>SE of Butler, Bates Co, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 28-50</u>		REGISTRAR'S SIGNATURE <u>Lendall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Underwood</u> ADDRESS <u>Butler Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 12/7/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 12/7/50

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed James D. Hill

Signed.....  
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, 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.