

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13040

State File No.

Registrar's No. 60

BIRTH NO. _____ REG. DIST. NO. 153 PRIMARY REG. DIST. NO. 4744

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Carterville

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Carterville 0490

d. FULL NAME OF HOSPITAL OR INSTITUTION 520 N. Fountain St.

d. STREET ADDRESS (If rural, give location)
115 N. Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First) Ray b. (Middle) Albert c. (Last) Wolfe

4. DATE OF DEATH (Month) (Day) (Year)
April 6, 1951

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
April 24, 1884

9. AGE (In years last birthday) 66
IF UNDER 1 YEAR: Months 11 Days 12
IF UNDER 24 HRS. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Weather Strip Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Ill.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
William Wolfe

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Mathilda Wolfe

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.
500-05-6631

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Dell Willard Jr. Carterville Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Coronary Occlusion
**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) Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Embolism
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
4201

20. AUTOPSY?
YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1951, to 4-6, 1951, that I last saw the deceased alive on 4-6, 1951, and that death occurred at 11:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
W. W. Folke D.O.

23b. ADDRESS
Carterville, Missouri

23c. DATE SIGNED
4-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
April 8, 1951

24c. NAME OF CEMETERY OR CREMATORY
Oronogo Cemetery

24d. LOCATION (City, town, or county) (State)
Oronogo, Missouri

DATE REC'D BY LOCAL REG.
APR 9-51

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Johnston-Arnice-Simpson, Webb City, Mo.

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

490

RECEIVED 4-17-51

Jasper County Health Office

County File Number 51-4-328

Date Filed 4-17-51

APR 19 1951

APR 20 1951

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo.

Signed.....
Student Embalmer

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.

P.