

DECEASED 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. **30983**

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5884 Registrar's No. 16

1. PLACE OF DEATH

a. COUNTY Osage

b. CITY (If outside corporate limits, write RURAL and give township) Washington Twp

c. LENGTH OF STAY (In this place) life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute to Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Osage

c. CITY (If outside corporate limits, write RURAL and give township) Koeltztown 076

d. STREET ADDRESS (If rural, give location) Mo

3. NAME OF DECEASED

a. (First) Richard b. (Middle) Francis c. (Last) Wulff

4. DATE OF DEATH (Month) (Day) (Year) 3 - 30 - 1951

5. SEX male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) child 0

8. DATE OF BIRTH Jan-4-1945 **9. AGE** (In years last birthday) 6 # UNDER 1 YEAR 1 Months 29 Days # UNDER 1 HR. 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (State or foreign country) Koeltztown, Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Math J. Wulff **13b. MOTHER'S MAIDEN NAME** Agnes Otto **14. NAME OF HUSBAND OR WIFE** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** _____

17. INFORMANT'S SIGNATURE OR NAME Math J. Wulff **ADDRESS** Koeltztown 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) Atelectasis right lung

ANTECEDENT CAUSES

DUE TO (b) bronchopneumonia

DUE TO (c) anterior poliomyelitis

II. OTHER SIGNIFICANT CONDITIONS Patients right intercostal muscles

Conditions contributing to the death but not related to the disease or condition causing death. were paralyzed.

INTERVAL BETWEEN ONSET AND DEATH

Unknown

3 days

8 mo.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

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) 0803 **(COUNTY)** _____ **(STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **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 March 1, 1951, to March 2, 1951, that I last saw the deceased alive on March 2, 1951, and that death occurred at 7⁰⁰ p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O. **23b. ADDRESS** Vienna, Missouri **23c. DATE SIGNED** 3/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 3-5-51 **24c. NAME OF CEMETERY OR CREMATORY** St. Boniface Cemetery **24d. LOCATION** (City, town, or county) (State) Koeltztown Mo

DATE REC'D BY LOCAL REG. 3-6-51 **REGISTRAR'S SIGNATURE** Mrs. H. H. Moore **25. FUNERAL DIRECTOR'S SIGNATURE** Clyde Morton **ADDRESS** Linn Mo

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 24 1951

RECEIVED

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.....
Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address. Leas

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.