

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33317**

FILED OCT 24 1951

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5480** Registrar's No. **131**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Trenton Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) Trenton Route 2	
c. LENGTH OF STAY (in this place) 13 years		d. STREET ADDRESS (If rural, give location) Rural Trenton Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trenton Route 2			

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Belle c. (Last) Wolf			4. DATE OF DEATH (Month) (Day) (Year) Oct 12-1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 5 1898	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 1	IF UNDER 24 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mercker County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Monk.	13b. MOTHER'S MAIDEN NAME Angeline Roberts.	14. NAME OF HUSBAND OR WIFE Elmer Wolf (dec)
---	--	---

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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Ralph Collins	ADDRESS Trenton Route 2
---	--	-------------------------------------	--	--------------------------------

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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Oct 22, 1951**, to **Oct 13th, 1951**, that I last saw the deceased alive on **Oct 12th, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffly M.D. (Degree or title)	23b. ADDRESS Trenton Mo.	23c. DATE SIGNED Oct 15th 1951
---	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 14 1951	24c. NAME OF CEMETERY OR CREMATORY Grundy Center Cemetery	24d. LOCATION (City, town, or county) (State) Trenton Route 2 Mo.
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. Oct 14, 1951	REGISTRAR'S SIGNATURE Irene Fair 115	25. FUNERAL DIRECTOR'S SIGNATURE Davis - Blackmon	ADDRESS Trenton, Mo.
--	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

400

Dr. Oliver Duffly

JUN 24 1952

JUN 23 1952

OCT 25 1957

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

J. Gordon Blackman

Licensed Embalmer No. 4602

P. O. Address *Trenton, 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.