

FILED MAR 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6156
State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6666 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. Missouri <u>Florida</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Roscoe Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Zephr</u>	
c. LENGTH OF STAY (In this place) <u>6 years</u>		8098	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>W.</u>	
c. (Last) <u>Wolf</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb, 18, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr, 22, 1871</u>
9. AGE (In years on birthday)		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Penn,</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jacob Wolf</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary B. Sarah Wonderly</u>		14. NAME OF HUSBAND OR WIFE <u>Mary B. Wolf</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Editk Johnston, El Dorado Spgs; MO</u>			
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Insulted for 8 years</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4222	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>8-10</u> , 19 <u>52</u> , to <u>2-10</u> , 19 <u>52</u> that I last saw the deceased alive on <u>2-15</u> , 19 <u>52</u> , and that death occurred at <u>12:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. W. Richardson M. R.</u>		23b. ADDRESS <u>Giffin Mo</u>	
23c. DATE SIGNED <u>2-19-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>2/20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russel Kansas</u>	
24d. LOCATION (City, town, or county) (State) <u>Russel Kansas</u>		DATE REC'D BY LOCAL REG. <u>2-19-52</u>	
REGISTRAR'S SIGNATURE <u>Ruth Beavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. ...</u>	
25. FUNERAL DIRECTOR'S ADDRESS		ADDRESS	

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

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.