S. No. 300
V. 10.48

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13619

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: MoNITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA MO
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALIFORNIA MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MoNITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA MO. 661
d. STREET ADDRESS (If rural, give location): CALIFORNIA MO.

3. NAME OF DECEASED (Type or Print)
a. (First): CHAMP
b. (Middle): CLARK
c. (Last): WOLFE

4. DATE OF DEATH (Month) (Day) (Year): APRIL 29-1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 17-1911
9. AGE (In years last birthday): 41 — 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): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING CONSTRUCTION
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U S A.

13a. FATHER'S NAME: WILLIAM WOLFE
13b. MOTHER'S MAIDEN NAME: ANNIE DISHON
14. NAME OF HUSBAND OR WIFE: DELLA FRANCIS WOLFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR 2
16. SOCIAL SECURITY NO.: 495-07-0451
17. INFORMANT'S SIGNATURE OR NAME: Della F Wolfe — **ADDRESS**: California Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

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:
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) m.:
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* June 2 *19*51, *to* April 29, *19*52, *that I last saw the deceased alive on* April 26, *19*52, *and that death occurred at* 1:37 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenyon Latham M.D.
23b. ADDRESS: California, Mo.
23c. DATE SIGNED: 4-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 1-1952
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): CALIFORNIA MO

DATE REC'D BY LOCAL REG. 5-30-52 — REGISTRAR'S SIGNATURE: Thos. L. Rose 202

(Licensed Embalmer's Statement on Reverse Side)

25. FUNERAL DIRECTOR'S SIGNATURE: C. ALBERT HORNBECK — **ADDRESS**: PRAIRIE HOME MO

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

MAY 28 1952

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.