

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20990**

No. 200
10-48

FILED JUN 20 1952

REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **71**

1. PLACE OF DEATH: a. COUNTY: Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE: Missouri b. COUNTY: Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township): Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township): Kansas City 3588	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Warrensburg Medical Center		d. STREET ADDRESS (If rural, give location): 4345 Cypress	

3. NAME OF DECEASED: (Type or Print) a. (First): Cleo b. (Middle): K. c. (Last): Wolkey			4. DATE OF DEATH (Month) (Day) (Year): May 28, 1952		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Nov. 21, 1907	9. AGE (In years last birthday): 45	IF UNDER 1 YEAR: Months: _____ Days: _____ IF UNDER 100 HRS: Hours: _____ Min: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10b. KIND OF BUSINESS OR INDUSTRY: Laborer	11. BIRTHPLACE (State or foreign country): Missouri		12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Benjamin Wolkey	13b. MOTHER'S MAIDEN NAME: Celese Trout	14. NAME OF HUSBAND OR WIFE: Mary Louise Wolkey
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.: 493-12-5214	17. INFORMANT'S SIGNATURE OR NAME: Mary Louise Wolkey ADDRESS: Kansas City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries received in Automobile		
	ANTECEDENT CAUSES: Accident; Multiple fractures of chest DUE TO (b) and head. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. #50 Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Warrensburg Johnson Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min): May 28, 1952 12:40 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from **view inquest only**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE: Kelly Rawlins (Degree or title): Coroner	23b. ADDRESS: Holden, Missouri	23c. DATE SIGNED: 5-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 5-31-52	24c. NAME OF CEMETERY OR CREMATORY: Dresden Cemetery	24d. LOCATION (City, town, or county) (State): Dresden, Missouri
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DATE REC'D BY LOCAL REG.: May 31, 1952	REGISTRAR'S SIGNATURE: Savannah Antebella	25. FUNERAL DIRECTOR'S SIGNATURE: M. Branning ADDRESS: Warrensburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 20 1952

RECEIVED
JUN 10 1952
NEGATIVE
JOHNSON COUNTY HEALTH DEPT.

JUL 1 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 SM

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed R. B. Branninger

Licensed Embalmer No. 3577

P. O. Address Warrensburg, 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.