

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42883

FILED DEC 31 1952

State File No.

BIRTH NO. REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 5794 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY OR TOWN Rural Moreau	c. LENGTH OF STAY (If this place) 2 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Moreau 0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 3 1. Clarksburg. Mo		d. STREET ADDRESS (If rural, give location) Rt 3# 1 Clarksburg, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Christin c. (Last) Wolfrum			4. DATE OF DEATH (Month) (Day) (Year) Dec 11 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 4 1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 10 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nickles Wolfrum	13b. MOTHER'S MAIDEN NAME Caroline Sperber	14. NAME OF HUSBAND OR WIFE Belle Wolfrum
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Christ Wolfrum ADDRESS Clarksburg
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 months
	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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Nov 30, 1952 to Dec 11, 1952, that I last saw the deceased alive on Dec 10, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Kenneth Latham (Degree or title) MD	23b. ADDRESS California, Mo	23c. DATE SIGNED 12-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 12 1952	24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	24d. LOCATION (City, town, or county) (State) California, Mo
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DATE REC'D BY LOCAL REG. 12/15/52	REGISTRAR'S SIGNATURE H. L. Popejoy	25. FUNERAL DIRECTOR'S SIGNATURE Earl Rowland ADDRESS California
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Ease Bonlin

Licensed Embalmer No. 2126

P. O. Address California

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.