

FILED FEB 20 1953

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 24

1. PLACE OF DEATH

a. COUNTY Cass

b. CITY (If outside corporate limits, write RURAL and give town) Pleasant Hill

c. LENGTH OF STAY (in this place) 10 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION 213 Front

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

a. STATE Missouri b. COUNTY Cass

c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill 0193

d. STREET ADDRESS (If rural, give location) 213 Front

3. NAME OF DECEASED (Type or Print)

a. (First) Cora b. (Middle) Bell c. (Last) Wolverton

4. DATE OF DEATH 2-1-1953 (Month) (Day) (Year)

5. SEX female 6. COLOR OR RACE white m 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 8-25-1864 9. AGE (in years last birthday) 88 10. IF UNDER 1 YEAR Months 0 Days 0 11. IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) 0 Iowa

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John C Ozias 13b. MOTHER'S MAIDEN NAME Christina Potterff 14. NAME OF HUSBAND OR WIFE Lemuel Wolverton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME F.E. Kuhn ADDRESS Pleasant Hill, Mo.

19. 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) arterio-sclerosis

ANTECEDENT CAUSES (b) _____ (c) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 4500

INTERVAL BETWEEN ONSET AND DEATH 4 yr

20. AUTOPSY? YES NO

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

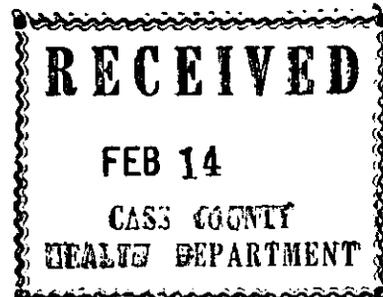
22. I hereby certify that I attended the deceased from Mar, 1952, to Feb. 1, 1953, that I last saw the deceased alive on Jan 31, 1953, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE J.V. Murray M.D. (Degree or title) 23b. ADDRESS Pleasant Hill, Mo 23c. DATE SIGNED Feb. 3, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 2-3-1953 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem 24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.

DATE RECEIVED BY LOCAL REG. 2-8-1953 REGISTRAR'S SIGNATURE Cora Barward 457-0 25. FUNERAL DIRECTOR'S SIGNATURE Allen Burnett 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 Allen W. Bumpstead

Licensed Embalmer No. 3785

P. O. Address Hammond Hill 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.