

STANDARD CERTIFICATE OF DEATH

25809

State File No.

FILED JUL 22 1953

BIRTH NO. _____ REG. DIST. NO. 252 PRIMARY REG. DIST. NO. 5879 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois, Rural</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Beer Creek)</u>	
		d. STREET ADDRESS (If rural, give location) <u>Deer Creek</u>	

3. NAME OF DECEASED (Type or Print) <u>CLARA</u>			a. (First) <u>CLARA</u>		b. (Middle)		c. (Last) <u>WOLF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8th, 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Apr 24, 1870</u>			9. AGE (In years last birthday) <u>83</u>		if UNDER 1 YEAR Months <u>2</u> Days <u>14</u>		if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Berger, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		

13a. FATHER'S NAME <u>Carl Speckhals</u>			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE <u>Louis 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>-</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Wolf, Chamois, Mo.</u>			ADDRESS <u>R D</u>		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Renal Disease (acute)</u>		DUE TO (b) <u>Fatigue due to overoperation</u>						<u>10 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Anemia, Cardiac Hypertrophy</u>						<u>5 to 6 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Over operation & fatigue before death</u>						<u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Min.)		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 6-24-1950, to 7-8-1953, that I last saw the deceased alive on 7-8-1953, and that death occurred at 6:30p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. B. Farnsworth, D.O.</u>		23b. ADDRESS <u>Chamois Mo.</u>		23c. DATE SIGNED <u>7-10-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deer Creek Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Chamois, Mo. R D</u>	
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DATE REC'D BY LOCAL REG. <u>7-18-53</u>		REGISTRAR'S SIGNATURE <u>Anna Moran</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Service</u>		ADDRESS <u>Chamois, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
46
160

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 Vernon M. Minton

Licensed Embalmer No. 4125

P. O. Address Levin, 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.