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THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36840**

FILED NOV 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5971</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY OR TOWN <u>Mitchell Park Home</u>		c. LENGTH OF STAY (its this place) <u>14 Mo</u>		c. CITY OR TOWN <u>Bolivar</u>		Marion Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. S.W. of Bolivar Mo</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi. S.W. of Bolivar Mo</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u>			b. (Middle) <u>Ernest</u>			c. (Last) <u>Wakefield</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1953</u>							
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3 Divorced</u>		8. DATE OF BIRTH <u>Aug 15 1872</u>	
9. AGE (In years last birthday) <u>80</u>		If under 1 year: Months <u>11</u> Days <u>21</u>		If under 2 hrs: Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Polk Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John C. Wakefield</u>			13b. MOTHER'S (Maiden) NAME <u>Marlene Fox</u>			14. NAME OF HUSBAND OR WIFE <u>Divorced</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Wakefield</u> ADDRESS <u>Bolivar Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> 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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4500</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>S G M. Crow</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Bolivar Mo</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairplay Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner per Jewell D. Green</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blue</u> ADDRESS <u>Bolivar Mo</u>			

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md

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.