

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38190**  
REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5037** Registrar's No. **192**

FILED DEC 1 - 1953

0040

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

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>AUDRAIN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL SALTRIVER</b>		c. LENGTH OF STAY (in this place) <b>1 yr.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL SALTRIVER</b>		0040
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEILL REST HAVEN</b>			d. STREET ADDRESS (If rural, give location) <b>NEILL REST HAVEN</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>MINTIE</b>	b. (Middle) <b>GERTRUDE</b>	c. (Last) <b>WOLVERTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 27, 1953</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>DEC. 8, 1867</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SANDUSKY OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HARVEY WOLVERTON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY EMILY BRAINERD</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>WALTER E. LEVVIS ROCKFORD ILL.</b>		
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) <b>- Myocardial Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>- Senile Anemia</b> DUE TO (c) <b>- Liver cirrhosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>?</b>
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		5810	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <b>Nov 1952</b> to <b>Nov 27, 1953</b> that I last saw the deceased alive on <b>Nov 27, 1953</b> , and that death occurred at <b>11:27 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Blanche Neely</b>			23b. ADDRESS <b>Mo.</b>		23c. DATE SIGNED <b>Nov 27, 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>NOV. 28 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON</b>	24d. LOCATION (City, town, or county) (State) <b>JACKSONCO. MO.</b>		
DATE REC'D BY LOCAL REG. <b>Nov-27-1953</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl E. ...</b>	ADDRESS <b>Mo.</b>		

DEC 16 1953

---

---

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

*Earl E. Pugh*

Licensed Embalmer No. 3189

P. O. Address MEXICO, 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.