

STANDARD CERTIFICATE OF DEATH

State File No. **42681**

No. 300
10-48

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5508** Registrar's No. **270**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Deepwater Mo. R.R.		c. CITY OR TOWN Deepwater	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) WOLF c. (Last) WOLF			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19-1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1-1899	9. AGE (In years last birthday) 54	10. MONTHS 9	11. DAYS 18	12. IF UNDER 1 YEAR	13. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman	10b. KIND OF BUSINESS OR INDUSTRY Street Railway	11. BIRTHPLACE (City and State or Foreign Country) Deepwater Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hiram Wolf	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ida Wolf
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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)	16. SOCIAL SECURITY NO. 487-03-6083	17. INFORMANT'S SIGNATURE OR NAME Ida Wolf	18. ADDRESS Deepwater Mo. R.R.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		DUE TO (b) Hypertension & Nephritis		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) (Death upon Arrival)				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 593X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Deepwater Henry Mo
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 **1945**, to **Dec 19**, 19**53**, that I last saw the deceased alive on **Dec 18**, 19**53**, and that death occurred at **7:45A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. C. Townsend	23b. ADDRESS Deepwater Mo	23c. DATE SIGNED 12-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-21-53	24c. NAME OF CEMETERY OR CREMATORY Deepwater Cem.	24d. LOCATION (City, town, or county) (State) Deepwater Mo.
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DATE REC'D BY LOCAL REG. Dec 21-53	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE Tom Hurst	ADDRESS Deepwater, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1952

MAR 11 1952

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 *Tom Stuart*

Licensed Embalmer No. *2782*

P. O. Address *Peapack, N.J.*

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.

Handwritten notes and scribbles at the bottom of the page.