

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

State File No. **333**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **126**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Buchanan	b. CITY (If outside corporate limits, write RURAL and give township) OR St. Joseph	a. STATE Kansas	b. COUNTY Doniphan
c. LENGTH OF STAY (In this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) OR Elwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital		d. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ELLEN	c. (Last) WOLF	4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 4, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Elwood, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jasper Boatwright	13b. MOTHER'S MAIDEN NAME Isabelle Clark	14. NAME OF HUSBAND OR WIFE William M. 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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Kathryn Wolf-Elwood, Ks.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 16 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis		
	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. arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 332 X
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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?
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22. I hereby certify that I attended the deceased from Nov. 3, 1952 to Jan. 30, 1954, that I last saw the deceased alive on Jan. 30, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frederick E. Totten, M.D.	23b. ADDRESS Wathena, Kansas	23c. DATE SIGNED Jan. 30, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Bellefont Cemetery	24d. LOCATION (City, town, or county) (State) Wathena, Kansas
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DATE REC'D BY LOCAL REG. Feb 6, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	433	25. FUNERAL DIRECTOR'S SIGNATURE Charles M. Halman	ADDRESS Home - Wathena, Ks.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 Charles M. Zerman

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

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.