

No. 300
10.48

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26001

State File No.

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4172 Registrar's No. 661

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u> | |
| b. CITY OR TOWN <u>Forsyth</u> | | c. CITY OR TOWN <u>Forsyth</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>years</u> | | e. STREET ADDRESS (If rural, give location) <u>rural Forsyth 1060</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home Forsyth</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>O.T.T.O.</u> | a. (First) _____ | b. (Middle) <u>R</u> | c. (Last) <u>Wolf</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1954</u> |
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|-----------------|---------------------------|---|-------------------------------------|---|--|--|
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug 4, 1878</u> | 9. AGE (In years last birthday) <u>75</u> | if UNDER 1 YEAR Months <u>11</u> Days <u>1</u> | if UNDER 1 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|---|-------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tanned Coat operation</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tanning</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Forsyth Co Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Ferdinand Wolf</u> | 13b. MOTHER'S MAIDEN NAME <u>Ellen Gake</u> | 14. NAME OF HUSBAND OR WIFE <u>Cardie Wolf</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>same</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Cardie Wolf</u> ADDRESS <u>Forsyth Mo</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of heart; 1 yr.</u> DUE TO (c) <u>General Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic Sclerosis</u> | | | <u>2 yrs.</u> |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>Lev.</u> | 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from June 10, 1954, to July 5, 1954, that I last saw the deceased alive on July 5, 1954 and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | 23b. ADDRESS <u>Forsyth, Mo</u> | 23c. DATE SIGNED <u>[Signature]</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/8/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bank Memorial Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Brunson Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>7-27-54</u> | REGISTRAR'S SIGNATURE <u>S E Copwell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Forsyth Funeral Home Forsyth Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Walter A. Cook*

Licensed Embalmer No...47

P. O. Address..... *Fairfax*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.