

FILED SEP 15 1954

## STANDARD CERTIFICATE OF DEATH

26650

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 241

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>COLE</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u> |  | c. CITY OR TOWN <u>LINN</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>6 days</u>  |  | e. STREET ADDRESS (If rural, give location) <u>ROUTE # 28</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>                                 |  |  |   |

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|--|-------------------------|-------------------------|------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>JAMES</u> | (Middle) <u>WILLIAM</u> | c. (Last) <u>WOLFE</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>SEPT. 11, 1954</u> |
|--|-------------------------|-------------------------|------------------------|---|

|                       |                                  |  |  |  |                                   |                                    |
|-----------------------|----------------------------------|--|--|--|-----------------------------------|------------------------------------|
| 5. SEX<br><u>MALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u> | 8. DATE OF BIRTH<br><u>JUNE 22, 1872</u> | 9. AGE (In years last birthday)<br><u>82</u> | 10. UNDER 1 YEAR<br>Days <u>2</u> | 11. UNDER 1 Hrs. Min.<br><u>19</u> |
|-----------------------|----------------------------------|--|--|--|-----------------------------------|------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMING</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>SELFEMPLOYED</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>HOPE, MO.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>GEORGE N. WOLFE</u> | 13b. MOTHER'S MAIDEN NAME<br><u>BRIDGET MCQUIN</u> | 14. NAME OF HUSBAND OR WIFE<br><u>MARY E. WOLFE</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)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>FRED WOLFE</u> | ADDRESS<br><u>LINN, MO.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |                                  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> |                                  | <u>7 days</u>                    |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>  |  | DUE TO (c) <u>Co of Prostate</u> |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>2 yrs</u>                     |                                  |

|                        |  |   |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>H 221 H</u> | 20. AUTOPSY?<br>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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|  |  |                            |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 2 days, 1952, to Sept 11, 1954, that I last saw the deceased alive on Sept 11, 1954 and that death occurred at 5:10 pm., from the causes and on the date stated above.

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|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE<br><u>L. B. Hebl M.D.</u> | (Degree or title) | 23b. ADDRESS<br><u>Jefferson City, Mo.</u> | 23c. DATE SIGNED<br><u>9-12-54</u> |
|--|-------------------|--|------------------------------------|

|  |                                   |   |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 24b. DATE<br><u>SEPT 13, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ryor's E</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Linn Osage County, Mo.</u> |
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| DATE REC'D BY LOCAL REG<br><u>Sept 13-1954</u> | REGISTRAR'S SIGNATURE<br><u>R.P. Darrin M.D. - JR.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>WALTON FUNERAL HOME</u> | ADDRESS<br><u>LINN, MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Uerner M. Morton*

Licensed Embalmer No...*412*

P. O. Address *Linn*

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.