

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34768

State File No. 20

FILED OCT 18 1954

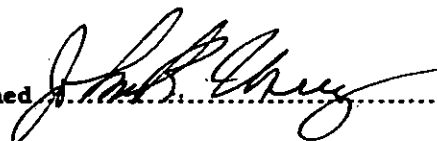
BIRTH NO.		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 5886		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Briley, Jackson Twp.)		c. LENGTH OF STAY (in this place) (Weeks)		c. CITY OR TOWN Souden		d. Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Jackson Township 0770			
3. NAME OF DECEASED (Type or Print) a. (First) Onville		b. (Middle) W.		c. (Last) Wolfe		4. DATE OF DEATH (Month) (Day) (Year) 10-11-54	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 8-8-1895	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or foreign Country) Font Scott, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hiram Wolfe		13b. MOTHER'S MAIDEN NAME Hannah Casto		14. NAME OF HUSBAND OR WIFE Hoota Banaster, Divorced			
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. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Robert Clayton Briley, Mo. ADDRESS			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 444X				INTERVAL BETWEEN ONSET AND DEATH 2 wks 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-21-1953 to 10/11/1954, that I last saw the deceased alive on 10/6/1954 and that death occurred at 5:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE M. L. Sherman		(Degree or title) MD		23b. ADDRESS Gainesville, Mo.		23c. DATE SIGNED 10/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-13-54		24c. NAME OF CEMETERY OR CREMATORY Hicks		24d. LOCATION (City, town, or county) (State) Ozark Mo.	
DATE REC'D BY LOCAL REG. 10-16-54		REGISTRAR'S SIGNATURE Thana Mahan		25. FUNERAL DIRECTOR'S SIGNATURE Clingingbeare		ADDRESS Gainesville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 

Licensed Embalmer No. 4885

P. O. Address Gainesville

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.

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BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5886 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived) a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>Briley, Jackson Twp.</u>		c. CITY OR TOWN <u>Souden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS <u>Jackson Township</u>	

3. NAME OF DECEASED a. (First) <u>Owille</u> b. (Middle) <u>W.</u> c. (Last) <u>Wolfe</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>11</u> (Year) <u>54</u>	
5. SEX <u>M</u>		6. DATE OF BIRTH <u>8-8-1845</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. AGE (in years, months, days) <u>69</u>	
9. USUAL OCCUPATION <u>Farmer</u>		10. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	
11. BIRTHPLACE <u>Nevada, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Hiram Wolfe</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Castool</u>	
14. NAME OF HUSBAND OR WIFE <u>Nooncasted</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert C. Ayler</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Artemia</u>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	

20. DATE OF OPERATION		21a. MAJOR FINDINGS OF OPERATION	
21b. ACCIDENT SUICIDE HOMICIDE		21c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

22. I hereby certify that I attended the deceased from <u>1-21</u> , 19 <u>53</u> to <u>10/11</u> , 19 <u>54</u> that I last saw the deceased alive on <u>10/6</u> , 19 <u>54</u> and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. J. Sherman</u>	23b. ADDRESS <u>DD Gainesville, Mo</u>
23c. DATE SIGNED <u>10/12/54</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hicks</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark Mo</u>
DATE REC'D BY LOCAL REG. <u>10-16-54</u>	REGISTRAR'S SIGNATURE <u>James Mahant</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clintingbeal</u>	ADDRESS <u>Gainesville Mo.</u>