

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

43122

State File No.

No. 300
10.48

FILED DEC 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6141</u>		Registrar's No. <u>86</u>			
1. PLACE OF DEATH a. COUNTY <u>Shelby-Tackson Twp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hunnewell</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hunnewell</u>		1020			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1-Mile South Hunnewell</u>				d. STREET ADDRESS (If rural, give location) <u>1-Mile South Hunnewell</u>					
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)			
<u>MURTHE MAUDE WOLCOTT</u>									
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>12-12-1954</u>									
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-12-1884</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months <u>4</u>	11. UNDER 1 YEAR Days <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William Filley</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA BUTLER</u>		14. NAME OF HUSBAND OR WIFE <u>Charlie Wolcott</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. J. Fannin</u>		ADDRESS <u>Hunnewell, Mo.</u>			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				ANTECEDENT CAUSES <u>Arteriosclerosis & Hypertension</u>				DUE TO (b) <u>10 yrs.</u>	
DUE TO (c)				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>11-30, 1949</u> , to <u>12-11, 1954</u> , that I last saw the deceased alive on <u>12-10, 1954</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>T. J. Kercher</u>				23b. ADDRESS <u>Shelbina, Mo</u>		23c. DATE SIGNED <u>12-17-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/14/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-21-54</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Garrison</u>		ADDRESS <u>Hunnewell City</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

20
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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
Student Embalmer

Signed.....

Harold Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City, Mo.

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.