

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4150

State File No.

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson
c. LENGTH OF STAY (in this place) 47 yrs.
c. CITY OR TOWN Jackson
d. FULL NAME OF HOSPITAL OR INSTITUTION in yard back of 312 Florence St.
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Jackson
d. Is residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 312 Florence St. 01610

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph b. (Middle) Wittmore c. (Last) Wolter
4. DATE OF DEATH (Month) (Day) (Year) March 11, 1955
5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 27, 1880 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (retired)
10b. KIND OF BUSINESS OR INDUSTRY Hardware
11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Wolter 13b. MOTHER'S MAIDEN NAME Katherine Steck 14. NAME OF HUSBAND OR WIFE Alma Wolter
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 Mrs. Alma Wolter, Jackson, 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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senescent Hemorrhage
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.

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) 331X (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Jan 1-1, 1955 to 10 Mar 11, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. G. Seiler (Degree or title) 23b. ADDRESS Jackson Mo 23c. DATE SIGNED Mar 12 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1/55 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG. Mar 13-55 SIGNATURE J. G. Seiler 25. FUNERAL DIRECTOR'S SIGNATURE J. G. Seiler ADDRESS Cape Girardeau, Mo.

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

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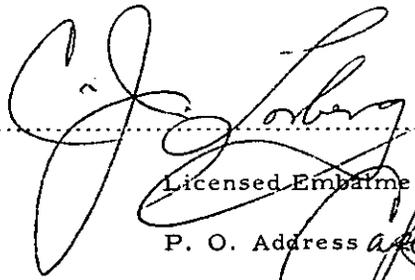
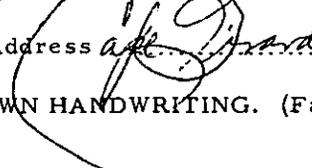
Statement on Reverse Side

996: I 700
JUL 1 1956

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. 3810
P. O. Address 

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.