

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7762

State File No.

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| BIRTH NO. _____ | | REG. DIST. NO. <u>11616</u> | | PRIMARY REG. DIST. NO. <u>3020</u> | | Registrar's No. <u>60</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Franklin.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington.</u> | | c. LENGTH OF STAY (in this place) <u>1 month.</u> | | c. CITY OR TOWN <u>New Haven</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u> | | | | F. STREET ADDRESS (If rural, give location) <u>R.F.D.#1.</u> <u>0360</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Maria</u> | | b. (Middle) <u>Elizabeth</u> | | c. (Last) <u>Wolff.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19th, 1955.</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept. 28, 1867.</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>x</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Clover Bottom, Missouri. 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry Berghorn.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown.</u> | | 14. NAME OF HUSBAND <u>Charles L. Wolff.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Martin R. Hoff</u> | | | | ADDRESS <u>New Haven, Mo. R.F.D.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular fibrillation</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture of the pubis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastroenteritis</u> <u>E9030...</u> <u>20</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>31 days</u> <u>1 Week</u> | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>No operation</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Haven Franklin 036 Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 15 1955 m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Lost balance and fell on floor.</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>5/29</u> , 19 <u>48</u> , to <u>3/19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/18</u> , 19 <u>55</u> , and that death occurred at <u>12:55 Am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. P. Eisenmann</u> (Deputy or title) <u>M.D.</u> | | 23b. ADDRESS <u>New Haven, Mo.</u> | | 23c. DATE SIGNED <u>3/21/55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 22, 1955.</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Port Hudson Lutheran Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Port Hudson, Mo.</u> | | (P.O. New Haven, R.F.D.) | |
| DATE REC'D BY LOCAL REG. <u>3/21/55</u> | REGISTRAR'S SIGNATURE <u>J. C. Hedman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rielburg & Witt Inc.</u> | | ADDRESS <u>Washington, Mo.</u> | | |

(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 *Lester A. Pitt*.....
Licensed Embalmer No. *325*.....

P. O. Address *Washington*.....

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.