

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8481

State File No. _____

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1147

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 50 Years
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital
STREET ADDRESS (If rural, give location) 6149 Oak St.

3. NAME OF DECEASED
a. (First) KATHERINE b. (Middle) C. c. (Last) WOLF
4. DATE OF DEATH (Month) (Day) (Year) 3-13-55

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH November 9, 1872 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Eureka, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Edward Crebo 13b. MOTHER'S MAIDEN NAME Sarah Katherine Wright 14. NAME OF HUSBAND OR WIFE Edmund J. Wolf

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 Edmund J. Wolf ADDRESS K. C. Mo.

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.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic pneumonia
ANTECEDENT CAUSES pulmonary edema
Morbidity conditions, if any giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial failure
DUE TO (c) Cerebrovascular hemorrhage
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension + Arteriosclerosis

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) _____ 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 1949, to 3/13, 1955, that I last saw the deceased alive on 3/13, 1955 and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE Ether Smoot (Degree or title) _____ 23b. ADDRESS 11th St. Harrison MO 23c. DATE SIGNED 3/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3-15-55 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Eureka, Kansas

DATE REC'D BY LOCAL REG. 3-14-55 REGISTRAR'S SIGNATURE Reva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary ADDRESS Kansas City, Mo.

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

MAY 12 1955

7306 E. 11

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 *Walter H. Erwin*

Licensed Embalmer No. *435*

P. O. Address *A. C. 7*

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.