

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>RURAL</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>SALE MEMORIAL Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>NEOSHO, R.F.D. #5 0730</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA ELIZABETH</u> b. (Middle) _____ c. (Last) <u>WOLFE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9 1955</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>AUG. 6. 1892</u>		9. AGE (In years last birthday) <u>62</u>	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) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ABINGDON ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM CONNERS</u>			13b. MOTHER'S MAIDEN NAME <u>CARRIE JANE BOZMAN</u>		14. NAME OF HUSBAND OR WIFE <u>LEWIS WOLFE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>507-22-7019</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Wolfe</u>				ADDRESS <u>NEOSHO, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of abdominal aorta</u>				DUE TO (b) <u>Arteriosclerotic atherosclerosis</u>				<u>2-4 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertension of Cerebro Vasculature</u>				<u>Stroke</u>				<u>several years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>443 X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>3-12</u> , 19 <u>55</u> , to <u>4-9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/7</u> , 19 <u>55</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Shomuel Akypnd</u>				23b. ADDRESS <u>113 West Hickory St Neosho</u>		23c. DATE SIGNED <u>4/12/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood</u>		24d. LOCATION (City, town, or county) (State) <u>GREEN FOREST, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>4-12-55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booby H. Hays</u>		ADDRESS <u>Neosho, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1975

NEWTON COUNTY HEALTH UNIT

455-68

4-15-55

NEOSHO, MISSOURI

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..... *Bochy Thompson Jr* Licensed Embalmer No. 488

P. O. Address *Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.