

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32117

State File No.

FILED OCT 27 1955

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4004 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolckow</u>		c. CITY OR TOWN <u>Bolckow</u>	
c. LENGTH OF STAY (in this place) <u>6yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>0020</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Daniel</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Wolfersperger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-28-1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Minneapolis, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry F. Wolfersperger</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Durflinter</u>	14. NAME OF HUSBAND OR WIFE <u>Kitty May Wolfersperger</u>
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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>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kitty M. Wolfersperger</u> ADDRESS <u>Bolckow, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10/14/55</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>09/1</u>		4201	

19a. DATE OF OPERATION <u>now</u>	19b. MAJOR FINDINGS OF OPERATION <u>now</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Bolckow Mo Andrew</u>
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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? <u>now</u>
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22. I hereby certify that I attended the deceased from 9/14/55, 19____, to 9/14/55, 19____, that I last saw the deceased alive on 10/14/55, 19____, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. P. Wilson M.D.</u>	23b. ADDRESS <u>Residence</u>	23c. DATE SIGNED <u>10/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-18-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Graham Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-22-55</u>	REGISTRAR'S SIGNATURE <u>William Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Johnson</u> ADDRESS <u>Marionville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *G M Johnson*.....

Licensed Embalmer No. *22*.....

P. O. Address *Maryville*.....

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.