

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37370

State File No.

40

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY OR TOWN <u>CONCORDIA</u>	c. LENGTH OF STAY (in this place) <u>5 YRS</u>	c. CITY OR TOWN <u>CONCORDIA</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 <u>1005 GORDON ST.</u>		e. STREET ADDRESS (If rural, give location) <u>1005 GORDON ST. 0548</u>	
3. NAME OF DECEASED a. (First) <u>EMILIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>WOLPERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 21 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>NOV 19 1878</u>
9. AGE (In years last birthday) <u>77</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>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM DETTING</u>	
13b. MOTHER'S MAIDEN NAME <u>SOPHIA DICKENHART</u>		14. NAME OF HUSBAND OR WIFE <u>ADOLPH J. WOLPERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ADOLPH J. WOLPERS</u>		ADDRESS <u>CONCORDIA, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> <u>Several years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> <u>Several years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Oct 19</u> , 19 <u>49</u> to <u>Nov 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 21</u> , 19 <u>55</u> , and that death occurred at <u>9:00</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>H. Tracy</u> (Degree or title) _____		23b. ADDRESS <u>Concordia, Mo</u>	
23c. DATE SIGNED <u>11/22/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>11/25/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23-1955</u>		REGISTRAR'S SIGNATURE <u>Raymond W. Landrum</u> 1540	
ADDRESS _____		ADDRESS <u>Concordia, Mo.</u>	

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

DEC 27 1952

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 Ms....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. James.....
Licensed Embalmer No 205.....
P. O. Address Concordia.....

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.