

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39774

State File No.

FILED JAN 3 - 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1371**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN King City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 Da		e. STREET ADDRESS (If rural, give location) 0387	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Bertha	b. (Middle) Edna	c. (Last) Wolf	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 31, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Fairport, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Hiram Eggleston	13b. MOTHER'S MAIDEN NAME Mary Albert	14. NAME OF HUSBAND OR WIFE Robert Wolf
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Robert Wolf, King City, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal adhesion operated 2x - DUE TO (c) Previous surgery for gall bladder		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis 4201			

19a. DATE OF OPERATION 11-26-55	19b. MAJOR FINDINGS OF OPERATION 1. Intestinal adhesion 2 fecal fistulae	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **17 May, 1955, to 25 Dec, 1955**, that I last saw the deceased alive on **25 Dec, 1955**, and that death occurred at **9:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Motherhead (Degree or title) MD	23b. ADDRESS 6517 2603 Friedrich Ave.,	23c. DATE SIGNED 12-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 28, 55	24c. NAME OF CEMETERY OR CREMATORY FAIRPORT	24d. LOCATION (City, town, or county) (State) FAIRPORT, MO.
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DATE REC'D BY LOCAL REG. Dec 29, 1955	REGISTRAR'S SIGNATURE Lochner M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Roland D. Clark	ADDRESS King City, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 *Roland W Clark*

Licensed Embalmer No. *4477*

P. O. Address *King City, 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.