

34824

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Walker</u>	
c. LENGTH OF STAY (in this place) <u>80 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Mi. S.E. of California</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Sanatorium</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>william</u>	c. (Last) <u>Wolfrum</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1956</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>Dec. 4, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR	IF UNDER 2 WEEKS
				Months <u>9</u>	Days <u>16</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Nick Wolfrum</u>	13b. MOTHER'S MAIDEN NAME <u>Magdeline Stoekaman</u>	14. NAME OF HUSBAND OR WIFE <u>Della Rohrbach Wolfrum</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>489-42-7948</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Wolfrum</u>	ADDRESS <u>California, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Idiopathic Hypertension</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 9-17 to 9-20, 1956, that I last saw the deceased alive on 9-20, 1956, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leon M. Gallagher, M.D.</u>	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>9-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 23, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/31/56</u>	REGISTRAR'S SIGNATURE <u>H. L. Popejoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>	ADDRESS <u>California, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 3 1957

FEB 25 1957

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.

Signed A. E. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.