FILED NOV 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36993
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cor DaKota and Havana St. — Length of stay in Ib 50 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Bates
c. CITY OR TOWN Butler — Inside Limits Yes X No ☐
d. STREET ADDRESS 508 West Mill St (If outside city, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Ronald Middle Wayne Last Wolf
4. DATE OF DEATH Month Nov Day 8 Year 1956
5. SEX male
6. COLOR OR RACE white
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec 9 1904
9. AGE (In years last birthday) 51 — 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) Hardware Dealer
10b. KIND OF BUSINESS OR INDUSTRY Hardware Store
11. BIRTHPLACE (City and state or country) Bates Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frederick S Wolf
14. MOTHER'S MAIDEN NAME Stella Burch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 505-07-7736
17. INFORMANT Hildred Wolf — Address Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 4 years
DUE TO (c) Diabetes Mellitus — 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 3 1952 to Nov. 8 1956 and last saw him alive on Nov 8, 1956
Death occurred at 4:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carter N. Luter (Degree or title) MD
22b. ADDRESS Butler Mo.
22c. DATE SIGNED 11/10/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/11/56
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery
23d. LOCATION (City, town, or county) (State) Butler Missouri

24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.
25. DATE RECD. BY LOCAL REG. Nov. 11-1956
26. REGISTRAR'S SIGNATURE Kendall Kersey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., student Embalmer No. .....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John G. Underwood

Licensed Embalmer No. 358

P. O. Address Butler Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.