FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37039
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 383

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes☒ No☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital — Length of stay in 1b 81 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia 010 — Inside Limits Yes☒ No☐
d. STREET ADDRESS 812 Sandifer St. (If outside, give location) — Reside on Farm Yes☐ No☒

3. NAME OF DECEASED (Type or print) First: LELIE Middle: SWAZY Last: WOLFE

4. DATE OF DEATH Month Day Year: Dec. 6, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Oct. 4, 1875
9. AGE (In years last birthday): 81 — 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): Retire Fireman for Water & Light Dept.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi Swazy Wolfe
14. MOTHER'S MAIDEN NAME: Martha Jane Fenton

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.:
17. INFORMANT Address: Mrs. Carrie L. Whitworth, Columbia, Mo.

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) Arteriosclerotic Heart Disease — Interval between onset and death: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Fracture Right Hip 4200F
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.): Fell at home
20c. TIME OF INJURY Hour: 1:30 p.m. Month, Day, Year: 11-30-56
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.): In home
20f. CITY, TOWN, OR LOCATION: Columbia — COUNTY: Boone — STATE: Missouri

21. I attended the deceased from 3-28-50, to 12-6-56 and last saw him alive on 12-5-56
Death occurred at 1:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles M. Lamke, M.D.
22b. ADDRESS: Columbia, Missouri
22c. DATE SIGNED: 12-7-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 8, 1956
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Columbia, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 7 1956
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas L. Zaring

Licensed Embalmer No. 4

P. O. Address Sunn

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.