

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31035

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 247

800
-57

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	
Inside Limits OR TOWN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Clay Mine Road</u>	
Length of stay in lb <u>2 Days</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Clara</u> Middle <u>Rometta</u> Last <u>Wolfmeir</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>9</u> Year <u>1957</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W...</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9/25/1925</u>
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 country) <u>Jefferson City MO.</u>
13a. FATHER'S NAME <u>James B. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Craighead</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Wolfmeir</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, [unknown]) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>D.K.</u>	17. INFORMANT Address <u>Robert Wolfmeir Fulton Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEART FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>RHEUMATIC HEART DISEASE (MITRAL STENOSIS)</u>			<u>YEARS</u>
DUE TO (c) <u>410X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7 1/2 MONTHS GESTATION + BRONCHITIS</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11</u> Month, Day, Year <u>11-1-57</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>APRIL 1957</u> to <u>OCT. 9, 1957</u> and last saw her alive on <u>OCT 8, 1957</u> Death occurred at <u>8:50 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James E. Hee, M.D.</u>		22b. ADDRESS <u>FULTON, MO</u>	22c. DATE SIGNED <u>10-12-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/11/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>
24. FUNERAL DIRECTOR <u>Glen Y. Haupt</u>		25. DATE RECD. BY EMBLOR REG. <u>Oct. 12-1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diagnoses in Part I must be causally related.

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

J J Rossor

Licensed Embalmer No. *2555*

P. O. Address *.....*

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.