

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010976

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>121 State Fair Blvd.</u>		d. STREET ADDRESS (If outside, give location) <u>121 State Fair Blvd.</u>	
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>N.</u> Last <u>Wolfrum</u>		4. DATE OF DEATH Month <u>March</u> Day <u>13</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>February, 23, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and state or country) <u>Moniteau County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Christ Wolfrum</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Blank</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Ruth E. Wolfrum, 121 State Fair Blvd.</u>		Address	
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>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive Cardiac Renal Disease</u> DUE TO (c) <u>442X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <u>2</u>	
20c. TIME OF INJURY Hour <u>1:45</u> Month <u>3</u> Day <u>12</u> Year <u>1958</u> a.m. <u>1:45</u> p.m.		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highland Cemetery</u>		20f. CITY, TOWN, OR LOCATION <u>4 Miles North, California, Mo</u>	
21. I attended the deceased from <u>2-15-58</u> to <u>2-12-58</u> and last saw him alive on <u>3/12/58</u> Death occurred at <u>1:45</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Thomas J. Higgins, M.D.</u>	
22b. ADDRESS <u>Sedalia, Mo</u>		22c. DATE SIGNED <u>3/14/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>March, 13, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		23d. LOCATION (City, town, or country) (State) <u>4 Miles North, California, Mo</u>	
24. FUNERAL DIRECTOR <u>James E. Richards, Tippecanoe, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-17-58</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

James E. Pisher

Licensed Embalmer No. *2466*

P. O. Address *Lepton*

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.