Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008833
STATE FILE NUMBER

MAR 23 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: Charles E. Still — Length of stay in 1b: 13

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gasconade
c. CITY OR TOWN: Bolivar Township Gasconade Co — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Pershing Mo. R7D. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Edwin Last: Wulff

4. DATE OF DEATH: Month: March Day: 20 Year: 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ **8. DATE OF BIRTH**: Jan 3 1880

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR: Months: 2 Days: 17 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer **10b. KIND OF BUSINESS OR INDUSTRY**: Farming **11. BIRTHPLACE** (City and state or country): Morrison, Missouri **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Albert Wulff **13b. MOTHER'S MAIDEN NAME**: Minnie Herman **14. NAME OF HUSBAND OR WIFE**: Lydia Held

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **17. INFORMANT**: Clarence Krueger Address: Pershing, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Amyotrophic lateral sclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): acute cholecystitis 3561

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.)

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 3/7/59, to 3/20/59 and last saw him alive on 3/20/59. Death occurred at 4:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. A. Michael D.O. **22b. ADDRESS**: Jefferson City **22c. DATE SIGNED**: 3/21/9

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Mar 23 1959 **23c. NAME OF CEMETERY OR CREMATORY**: Hope Presbyterian **23d. LOCATION** (City, town, or county) (State): Osage County Mo

24. FUNERAL DIRECTOR: Clyde Morton **ADDRESS**: Linn, Mo **25. DATE RECD. BY LOCAL REG.**: 21 March 1959 **26. REGISTRAR'S SIGNATURE**: R. O. Davis MD

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lenin, Mo.

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.