

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013673

FILED MAY 6 1959 Registration District No. 146 Primary Registration District No. 3026 STATE FILE NUMBER Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 3568 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Heaven Rest Home 1 yr		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3322 So Benton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLAUDE Middle L Last WOLF			4. DATE OF DEATH Month April Day 27 Year 1959			
---	--	--	---	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 24 1884	9. AGE (In years birth day) 75	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) Retired	10b. KIND OF BUSINESS OR INDUSTRY Cafe Operator	11. BIRTHPLACE (City and state or country) Kingston Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	--

13a. FATHER'S NAME Isaac Wolf	13b. MOTHER'S MAIDEN NAME Susan A Duncan	14. NAME OF HUSBAND OR WIFE Caroline Wolf
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 153-01-2998A	17. INFORMANT Address Mrs Pauline Schmidt 8626 Morrell K C Mo
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adams - Stokes Syndrome		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4330		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 _____ a.m. _____ p.m.	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 CAMERON	COUNTY Missouri	STATE Missouri
---	---	--	--	---------------------------	--------------------------

21. I attended the deceased from 1958 to 4-27-59 and last saw him alive on 4-27-59 Death occurred at 9:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Drs. Grabske & Link	22b. ADDRESS 10901 Winner, Indep., Mo.	22c. DATE SIGNED 4-28-59
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/30/59	23c. NAME OF CEMETERY OR CREMATORY PacHard Cemetery	23d. LOCATION (City, town, or county) (State) Cameron Missouri
---	-----------------------------	---	--

24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo	ADDRESS 4-29-59	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE James Lewis
--	---------------------------	------------------------------	---

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: *Richard E. Carroll*

Licensed Embalmer No. *3925*
P. O. Address *K.C. 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.