

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016688

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 15 Primary Registration District No. 5067 Registrar's No. 36

300
1-57

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Central Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural-Central Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Iantha, Mo. R#1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) BEULAH SALMONS WOLF			4. DATE OF DEATH Month May Day 25 Year 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 7 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Caldwell County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William N. Salmons		13b. MOTHER'S MAIDEN NAME Emma Ross		14. NAME OF HUSBAND OR WIFE Herman 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.	17. INFORMANT Address Herman Wolf, Iantha, Missouri, R#1		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Previous acute myocardial infarction attack					Oct. 12, 1951
DUE TO (c) arteriosclerosis & arterial hypertension 4261					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from June 1949 to May 25, 1959 and last saw her alive on 5/13/59 Death occurred at 1:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jean T. Biebel, MD (Degree or title)			22b. ADDRESS Lamar, Missouri		22c. DATE SIGNED 5/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 28 1959	23c. NAME OF CEMETERY OR CREMATORY Barton City Cemetery		23d. LOCATION (City, town, or county) (State) Liberal rural
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri			25. DATE RECD. BY LOCAL REG. MAY 27 59		26. REGISTRAR'S SIGNATURE Marie Konantz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases 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 *Norman L. Thompson*

Licensed Embalmer No. *4816*
P. O. Address *Lamar, 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.