

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018688

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Rural - (Dillon)</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>ST. JAMES, (Rural)</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>Rural</b> <b>68 yrs.</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm <b>Rural</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>ANVIL</b> Last <b>WOLTE</b>		4. DATE OF DEATH Month <b>5</b> Day <b>31</b> Year <b>59</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 21-1890</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		9b. AGE (In years last birthday) <b>68</b>	9c. IF UNDER 1 YEAR Months <b>9</b> Days <b>10</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>Phelps Co. MO.</b>
13. FATHER'S NAME <b>JAKE Wolte</b>		14. MOTHER'S MAIDEN NAME <b>PARASSETTA Pryor</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>486-22-6007</b>	
17. INFORMANT <b>Bill Ragan (son)</b>		Address <b>ST LOUIS, MO.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Left Ventricular failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15-30 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			<b>unk.</b>
DUE TO (c) <b>Generalized Arteriosclerosis</b>			<b>unk.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Skin Cancers left side of face</b>			19. WAS AUTOPSY PERFORMED? <b>2</b> 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.) <b>4200H</b>	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>		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 _____ to _____ and last saw him alive on <b>5/31/59</b> Death occurred at <b>10:30 A. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Samuel C. Runney M.D.</b>		22b. ADDRESS <b>St. James Clinic</b>	
22c. DATE SIGNED <b>6/1/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Adams Cemetery</b>	23d. LOCATION (City, town or county) (State) <b>Phelps Co. MO.</b>
24. FUNERAL DIRECTOR <b>Dr. E. Lieblider - St James</b>		25. DATE RECD. BY LOCAL REG. <b>6-2-1959</b>	26. REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Illness, self-care, or other causes. Coroner cannot certify to a death due to natural causes.

SEP 8 1959

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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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Coral E. Licklied.....

Licensed Embalmer No. 34

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.