

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030070

FILED VS AUG 20 1959 290

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 99

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski Co				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tavern Township		Length of stay in 1b 1 hr.		c. CITY OR TOWN Crocker, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 M.N.W. of Crocker, Mo				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Rt. #	
3. NAME OF DECEASED (Type or print) First Nathen Middle junior Last Wolf.				4. DATE OF DEATH Month August. Day 7, Year 1959			
5. SEX Male	6. COLOR OR RACE White.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/22/1933	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) RichFountain, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Walter Wolf.			13b. MOTHER'S MAIDEN NAME Irene Minzes.			14. NAME OF HUSBAND OR WIFE	
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. 486-34-2058		17. INFORMANT Address Mrs. Irene Sudheimer. Dixon, 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) Crushing Injuries						INTERVAL BETWEEN ONSET AND DEATH instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car accident					
20c. TIME OF INJURY Hour 6:00 a.m. 8-7-59							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 17 4mi. NW Crocker	20f. CITY, TOWN, OR LOCATION Crocker	COUNTY Pulaski	STATE Mo.			
21. I attended the deceased xxx on Aug. 7/59 , to _____ and last saw her him alive on _____ Death occurred at 6:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. Hedges (Degree or title) County Coroner.				22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 8/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/9/59	23c. NAME OF CEMETERY OR CREMATORY Kinner Cemetery.		23d. LOCATION (City, town, or county) (State) Dixon, Missouri			
24. FUNERAL HOME ADDRESS Hedges Funeral Home Crocker, Mo.		25. DATE RECD. BY LOCAL REG. 8-15-59		26. REGISTRAR'S SIGNATURE Eula Mae Amberson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Mc 877-1957, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Fred R. Gellera

Licensed Embalmer No. 2341

P. O. Address Dixon

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