RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-032706

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 432

DED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b: weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SANITARIUM. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10616 EAST 14th ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Myrtle Middle C. Last Wolfe

4. DATE OF DEATH: Month October Day 6 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-13-1890
9. AGE (last birthday): 69 — 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): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Henrietta Missouri
12. CITIZEN OF WHAT COUNTRY: Usa

13a. FATHER'S NAME: James Browne
13b. MOTHER'S MAIDEN NAME: Catherine Brown
14. NAME OF HUSBAND OR WIFE: William E. Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Laverne Tuttle Address: Indep

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of cecum — INTERVAL BETWEEN ONSET AND DEATH: 8 mo
Chas X Grabske, M.D.
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): cirrhosis of liver + obesity
Chas X Grabske M.D.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Aug. 17, 1959, to Oct. 6, 1959 and last saw her alive on Oct. 5, 1959.
Death occurred at 1:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas X Grabske, M.D.
22b. ADDRESS: 10901 Winner, Indep., Mo.
22c. DATE SIGNED: 10-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 9-1959
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove
23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR: SPEAKS FUNERAL HOME — ADDRESS: INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG.: 10-9-59
26. REGISTRAR'S SIGNATURE: James Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4785

P. O. Address _____

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.