

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032955

FILED VS SEP 14 1959/76

Registration District No. _____ Primary Registration District No. 5661 Registrar's No. 14

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY LAWRENCE JURNBACK TWP.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EVERTON Rt. # 2 SEV. YRS.		c. CITY OR TOWN EVERTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/4 mi. So. of Hopewell Cen.		d. STREET ADDRESS (If outside, give location) 1/4 mi. So. of Hopewell CEMETERY	

3. NAME OF DECEASED (Type or print) First GEORGE Middle LOREN Last WOLFE			4. DATE OF DEATH Month August Day 29 Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (City and state or country) GREENE CO., MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LEWIS S. WOLFE		13b. MOTHER'S MAIDEN NAME Mary Collins		14. NAME OF HUSBAND OR WIFE Ida Wolfe	
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. 498-42-5281	17. INFORMANT Address Ida Wolfe, EVERTON, MO. Rt # 2		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Perhaps the cause	
	DUE TO (c) Hypertension	

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 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.	Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <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 Jan. 1 - 59 to Aug. 29 59 and last saw ^{him} live on July 15 59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W. S. Brim (Degree or title) Mr. D.	22b. ADDRESS Miller, MO	22c. DATE SIGNED 9-2-59
--	--------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-30-59	23c. NAME OF CEMETERY OR CREMATORY John's Chapel CEMETERY	23d. LOCATION (City, town, or county) (State) Ash Grove, Missouri
---	--------------------------	--	--

24. FUNERAL DIRECTOR Brim-Daniel, Ash Grove, Missouri	25. DATE RECD. BY LOCAL REG. 9/3/1959	26. REGISTRAR'S SIGNATURE Thomas C Durdon
--	--	--

(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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address Helmut Grove

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.