URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040550

STATE FILE NUMBER

FILED VS NOV 24 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 506

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b 43yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1357 Kingshighway — 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) 1357 Kingshighway — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle Wilbur Last Wolfe

4. DATE OF DEATH Month Nov Day 14 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Oct 6, 1873
9. AGE (last birthday) 86 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.
11. BIRTHPLACE (City and state or country) Aurora-Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Wolfe
13b. MOTHER'S MAIDEN NAME Jane Hohn
14. NAME OF HUSBAND OR WIFE Lillian 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. 486-03-0803A
17. INFORMANT Laurence H. Wolfe — Address Indep. 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) General exhaustion — INTERVAL BETWEEN ONSET AND DEATH 3 ed fat 1 year
Bed sores
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis

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. ☐ 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 _____, to _____ and last saw her/him alive on _____
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 (Degree or title) John R Green M.D.
22b. ADDRESS 1090 Winner Rd Independence Mo
22c. DATE SIGNED 11-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-16-59
23c. NAME OF CEMETERY OR CREMATORY Mound Grove
23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR ADDRESS Roland R. Speaks Indep. Mo.
25. DATE RECD. BY LOCAL REG. 11-16-59
26. REGISTRAR'S SIGNATURE James L 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Rollie Ford

Signature of Student Embalmer

Licensed Embalmer No. 4690

P. O. Address Endep. M

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