

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1959

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STATE FILE NUMBER

Registration District No.

290

Primary Registration District No.

Registrar's No.

156

RECEIVED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Buckhorn - Cullen Twp.</b>		Length of stay in 1b		c. CITY OR TOWN <b>Buckhorn</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Buckhorn</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>S&amp;G Apts, Rt. 1, Waynesville, Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Jay</b> Middle <b>Vance</b> Last <b>Wolfe Sr.</b>				4. DATE OF DEATH Month <b>December</b> Day <b>6</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Can</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>7-28-23</b>	9. AGE (last birthday) <b>36</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Army</b>		11. BIRTHPLACE (City and state or country) <b>Albion, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>	
13a. FATHER'S NAME <b>Charles Lesco Wolfe</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Isabell (Unk)</b>		14. NAME OF HUSBAND OR WIFE <b>Nelly Carolyn Wolfe</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>312-18-6087</b>		17. INFORMANT Address <b>Fort Leonard 1stLt Donald J. Carollo, Wood, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Respiratory arrest</b>							
DUE TO (b) <b>Contusion, brain</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 checked="" type="checkbox"/> NO <input 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.) <b>Automobile slipped off of jack</b>			
20c. TIME OF INJURY Hour <b>12:55</b> p.m. Month, Day, Year <b>12-6-59</b>		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.) <b>Outside</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Pulaski</b> STATE <b>Missouri</b>	
21. I saw the deceased from <b>Dec 7, 1959</b> to <b>Dec 7, 1959</b> and saw him <b>for</b> <b>pathological studies</b>		Death occurred at <b>1:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>HANS H. BARUCH, Captain, MC</b> (Degree or title)				22b. ADDRESS <b>Fort Leonard Wood, Missouri</b>		22c. DATE SIGNED <b>12-7-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>unknown</b>		23c. NAME OF CEMETERY OR CREMATORY <b>unknown</b>		23d. LOCATION (City, town, or county) (State) <b>Columbia City Indiana</b>	
24. FUNERAL DIRECTOR <b>J. Shadel</b> ADDRESS <b>Lebanon, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-7-59</b>		26. REGISTRAR'S SIGNATURE <b>Emilia J. Anderson</b>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

FEB 17 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Walter C. Simpson

Licensed Embalmer No. 5071

P. O. Address Hartsville, Mo.

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.