

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002381

FILED VS FEB 9 1960 383

Registration District No. _____ Primary Registration District No. 5655 Registrar's No. 164

STATE FILE NUMBER

UNDEED

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon, Rt. 1		Length of stay in 1b		c. CITY OR TOWN Mt. Vernon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Eva Middle Marie Last Wolf				4. DATE OF DEATH Month 2 Day 3 Year 60			
5. SEX Female	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 10-1-1940	9. AGE (last birthday) 19	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and state or country) Aurora, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jewell Hamby			13b. MOTHER'S MAIDEN NAME Mary Irene Wood		14. NAME OF HUSBAND OR WIFE Aubrey Wolf		
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.	17. INFORMANT Aubrey Wolf Address Mt. Vernon, Mo. Rt. 1				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Osteogenic Sarcoma of maxilla Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last.) DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 18 mo	
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 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 11/21/58 to 2/3/60 and last saw her alive on 2/3/60 . Death occurred at 11:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. J. Traver MD (Degree or title)				22b. ADDRESS Mt Vernon		22c. DATE SIGNED 2/5/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2 - 6 - 60	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		23d. LOCATION (City, town, or county) Aurora, Missouri.			
24. FUNERAL DIRECTOR H. D. Fossett ADDRESS Mt. Vernon, Mo.			25. DATE RECD. BY LOCAL REG. 2-6-60		26. REGISTRAR'S SIGNATURE H. D. Fossett		

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

Student _____
Signature of Student Embalmer

Signed H. H. Fossitt

Licensed Embalmer No. 220

P. O. Address MT. Vernon

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.