

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033663

FILED VS SEP 9 1960

375

6284

14

STATE FILE NUMBER

INDEXED

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

1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery Township</u>		Length of stay in lb <u>4 months</u>		c. CITY OR TOWN <u>Hartville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 mi. NE of Hartville</u>				d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi. NE of Hartville</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle _____ Last <u>Wollard</u>				4. DATE OF DEATH Month <u>August</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-18-1919</u>	
9. AGE (last birthday) <u>41</u>		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) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or county) <u>Wright County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				13a. FATHER'S NAME <u>Steve Wollard</u>			
13b. MOTHER'S MAIDEN NAME <u>Elsie Gored</u>				14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>W. R. Stigall</u> Address <u>Mountain Grove, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probably coronary occlusion.</u> 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) 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							INTERVAL BETWEEN ONSET AND DEATH
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 <u>viewed</u> the deceased from <u>Aug 28, 1960</u> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Frank Seale</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>Wm. Lane, Mo</u>		22c. DATE SIGNED <u>9-2-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-31-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dorris</u>		23d. LOCATION (City, town, or county) (State) <u>Wright County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Carlos Bledsoe</u> ADDRESS <u>Hartville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-6-1960</u>		26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>	

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

Max S. Miller

Licensed Embalmer No. *4720*

P. O. Address *Mansfield*

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.