

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016264
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 80

AMENDED

FILED MAY 9 1961

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada Length of stay in lb. Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 243 North Pine Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MARTHA Middle ELLEN Last WOLFE 4. DATE OF DEATH Month April Day 21 Year 1961

5. SEX Fm 6. COLOR OR RACE Wh 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-4-1874 9. AGE (last birthday) 87 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 Own home 11. BIRTHPLACE (City and state or country) Lebanon, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Andrew Jasper Snider 13b. MOTHER'S MAIDEN NAME Mary Pricilla Hicks 14. NAME OF HUSBAND OR WIFE Charles Wm. Wolfe, Dcsd. Address Nevada, Missouri

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. None 17. INFORMANT Mrs. Dollie Daniels, 243 North Pine

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease c complete A-V block
DUE TO (b) _____
DUE TO (c) Coronary Arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 _____ Month, Day, Year _____ a.m. p.m.

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 May 1, 1954 to April 21, 1961 and last saw her live on 4-21-61
Death occurred at 10¹⁵ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Elmer Davis, M.D. 22b. ADDRESS Nevada, Mo. 22c. DATE SIGNED 4-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 24, 1961 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 23d. LOCATION (City, town, or county) (State) Nevada Missouri

24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri 25. DATE RECD. BY LOCAL REG. May 3-1961 26. REGISTRAR'S SIGNATURE Anna S. Jerry

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

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

L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Md.

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.