ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-043463
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 373

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b 2 days

c. CITY OR TOWN Canton — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Kirks. Osteopathic H. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 200 Clark St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE Middle F. Last WOLF

4. DATE OF DEATH Month December Day 18 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-23-1889

9. AGE (last birthday) 72 — 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) Commercial Fisherman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Guttenberg, Iowa

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frederick Wolf

13b. MOTHER'S MAIDEN NAME Hannah Phelens

14. NAME OF HUSBAND OR WIFE Catherine Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Catherine Wolf, Canton, Mo.

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)	Anoxic Anoxia	10 minutes
DUE TO (b)	Pulmonary Thrombosis	15 Minutes
DUE TO (c)	Mural Thrombus of Right Ventricle	3 Days

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) Carcinoma of Head of Pancreas, Acute Cholecystitis

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 December 17, 1961, to December 18 and last saw him alive on Dec. 18, 1961

Death occurred at 4:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James F. Gipe, D.O.

22b. ADDRESS 800 W. Jefferson Kirksville, Mo

22c. DATE SIGNED 12-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-21-1961

23c. NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery

23d. LOCATION (City, town, or county) (State) Canton, Missouri

24. FUNERAL DIRECTOR ADDRESS Barkley Funeral Home, Canton, Mo.

25. DATE RECD. BY LOCAL REG. 12-19-1961

26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

JAMES F. GIPE, D.O.

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.