

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**61-043546**

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 2

AMENDED

**FILED JAN 8 1962**

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb. <b>45 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>604 S. High</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bates Co. Memorial Hosp. X</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Theodore</b> Middle <b>Wilson</b> Last <b>Wolfe</b>			4. DATE OF DEATH - Month <b>December</b> Day <b>29</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>3-20-1891</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR: Months <b>9</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Pamona, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Wolfe</b>		13b. MOTHER'S MAIDEN NAME <b>Malinda</b>		14. NAME OF HUSBAND OR WIFE <b>Goldie Wolfe</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Goldie Wolfe Butler, Mo.</b> Address	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>lymphocytic leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
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) <b>None</b>		

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.) <b>None</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year <b>None</b>			
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.) <b>None</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **1955** to **12-29-61** and last saw her **alive** on **12-29-61**  
Death occurred at **6:25 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not write in this space) <b>Douglas Howard</b>		22b. ADDRESS <b>Butler, Mo</b>		22c. DATE SIGNED <b>12-30-61</b>	
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-31-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Butler, Mo.</b>		(State)			

24. FUNERAL DIRECTOR ADDRESS <b>Culver-Underwood Butler, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-30-61</b>		26. REGISTRAR'S SIGNATURE <b>Norma Jean Wilson</b>	
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 18 1962

DEC 11 1962

**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 J. Stensrud

Licensed Embalmer No. 4657

P. O. Address Rutler, 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.