

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032023

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 164

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 30 1962**

1. PLACE OF DEATH  
 a. COUNTY D Phelps  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Length of stay in lb 2 Mo  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MO b. COUNTY Franklin  
 c. CITY OR TOWN Washington Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 702 Walnut Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
Charles F. Wolking  
 4. DATE OF DEATH Month 8 Day 21 Year 1962

5. SEX M. 6. COLOR OR RACE W. 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 2-5-1884 9. AGE (last birthday) 78  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter 10b. KIND OF BUSINESS OR INDUSTRY Preacher 11. BIRTHPLACE (City and state or country) Mo 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MARDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Lillian Belle Wolking

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 NURSING HOME RECORDS Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 day  
 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) Cerebral vascular accident  
 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 July 1962 to Aug 21, 1962 and last saw him alive on Aug 20, 1962  
 Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. Anderson (Degree or title) Rolla Mo 22b. ADDRESS Rolla Mo 22c. DATE SIGNED 8/21/62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug 23-1962 23c. NAME OF CEMETERY OR CREMATORY Crescent Cemetery 23d. LOCATION (City, town, or county) Washington Mo

24. FUNERAL DIRECTOR Paul E. Kull ADDRESS Rolla, Mo 25. DATE RECD. BY LOCAL REG. Aug 22, 1962 26. REGISTRAR'S SIGNATURE Nadene L. Stoll

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
 1 0817  
 2 0365  
 3  
 4 0  
 5 1  
 6  
 7 0  
 8 2  
 9 493X  
 10  
 11  
 12 86-0  
 13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.