

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039776

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 126

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Union Twn.</u>		c. CITY OR TOWN <u>Rural Union Twn.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 Miles So. on Hi. #28</u>		d. STREET ADDRESS (If outside, give location) <u>Route #1</u>	
3. NAME OF DECEASED (Type or print) First <u>Charley</u> Middle <u>Wolfinbarger</u> Last <u>Wolfinbarger</u>		4. DATE OF DEATH Month <u>10</u> Day <u>28</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ <u>Separated</u>	8. DATE OF BIRTH <u>4/12/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commoner laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	
11a. BIRTHPLACE (City and state or country) <u>Stella, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Wolfinbarger</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mrs. Mona Riegert, St. Louis 4, Missouri</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>LACERATION BRAIN</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>FRACTURED SKULL</u> DUE TO (c) <u>Auto Accident</u> 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.) <u>victim struck by auto</u>		20c. TIME OF INJURY Hour <u>8:20</u> Month, Day, Year <u>10-28-62</u>	
20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWY #28</u>		20f. CITY, TOWN, OR LOCATION <u>Union Twp</u>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWY #28</u>		20g. COUNTY <u>Pulaski</u>	
20h. STATE <u>MO</u>		20i. DATE SIGNED <u>10/29/1962</u>	
21. I attended the deceased from <u>8:20 P.</u> to <u>8:20 P.</u> and saw him alive on <u>10/28/1962</u> Death occurred at <u>8:20 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>C. J. Moss</u>	
22b. ADDRESS <u>Waynesville, MO</u>		22c. DATE SIGNED <u>10/29/1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/1/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Watts Cemetery</u>		23d. LOCATION (City, town, or county) <u>Phelps County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-1-62</u>	
26. REGISTRAR'S SIGNATURE <u>Paul MacIndoe</u>		27. REGISTRAR'S SIGNATURE <u>Paul MacIndoe</u>	

NOV 9 1962

NOV 29 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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.