

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041332
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 92

DO NOT WRITE ON THIS STUB

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

VS 300
Rev. 4/59

1 1060

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USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 29 1962	
1. PLACE OF DEATH	
a. COUNTY Taney	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson	a. STATE Missouri COUNTY Taney
Length of stay in 1b 1 day	c. CITY OR TOWN Hollister Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ska ggs Hosp.	d. STREET ADDRESS (If outside, give location) rural Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last TOMMY WAYNE WOLFE	Month Day Year Oct. 21, 1962
5. SEX male	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1962
9. AGE (last birthday) 0	IF UNDER 1 YEAR IF UNDER 24 HR Months 2 Day 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
	11. BIRTHPLACE (City and state or country) Branson, Missouri
	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Billie Wolfe	13b. MOTHER'S MAIDEN NAME Jo Yevon Robertson
	14. NAME OF HUSBAND OR WIFE none
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 Billie Wolfe Hollister, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Congestive Heart Failure	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	Bilateral Bronchopneumonia
DUE TO (c)	2 days
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 <u>Oct 21, 1962</u> to <u>Oct 21, 1962</u> and last saw her/him alive on <u>Oct 21, 1962</u> Death occurred at <u>4:07 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Forsyth, Mo
(Degree or title)	22c. DATE SIGNED <u>10/21/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/23/62
23c. NAME OF CEMETERY OR CREMATORY Patterson	23d. LOCATION (City, town, or county) Bradleyville, Mo
24. FUNERAL DIRECTOR Walter Cobb Branson, Mo	25. DATE RECD. BY LOCAL REG. 10-25-62
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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 Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Beaune 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.