

FILED JAN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39706

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 186

27
1
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>	
c. LENGTH OF STAY (in this place) <u>2 Years</u>		d. STREET ADDRESS (If rural, give location) <u>Boonslick Boarding Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boonslick Boarding Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Preston</u>	b. (Middle) <u>Perry</u>	c. (Last) <u>Wolf</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec. 27 1948</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>September 29/1871</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>On Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Wesley Wolf</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. M. Wolf</u>	ADDRESS <u>Boonville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying; such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>830</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from June, 1947, to Dec 27, 1948, that I last saw the deceased alive on Dec 2, 1948, and that death occurred at 6 a. m., from the causes and on the date stated above.

23. SIGNATURE <u>M. Decker M.D.</u> (Degree or title)	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>12/28/48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 28/48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clayton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Overton, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>12/28/48</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller</u>	ADDRESS <u>Boonville, Mo.</u>
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RECEIVED

District Health Officer No. 6

District File Number

Date Filed

1-14-49

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
Student Embalmer

Signed

William W. Wood

Licensed Embalmer No.

4539

P. O. Address

Bronville, 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 this body is not embalmed, fact should be so stated above.