

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42282

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 1162

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Rural - Washington</u>	c. LENGTH OF STAY (In this place) <u>644 10M 4D</u>	c. CITY OR TOWN <u>Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>CARRIE FRANCES</u> b. (Middle) <u>WOLFE</u> c. (Last) <u>WOLFE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 22 1948</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday) <u>73</u>		# UNDER 1 YEAR Days	# UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Steinbaugh</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>George P. Wolfe</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death. <u>1860</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> ANTECEDENT CAUSES DUE TO (b) <u>Pneumatic shock</u> DUE TO (c) <u>Fall on floor</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left femur 12-1-48</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>21 days</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.) <u>Hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural - Washington Vernon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell getting out of bed</u>	
22. I hereby certify that I attended the deceased from <u>11-30, 1948</u> to <u>12-1, 1948</u> , that I last saw the deceased alive on <u>12-1, 1948</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. G. Wall M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>12-22-48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 24, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
DATE REC'D BY LOCAL REG. <u>12/30/48</u>	REGISTRAR'S SIGNATURE <u>Wathrup</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen J. Hayes Nevada, Mo</u>

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

No. 300
10-48
10800

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1520

Date Filed 1-5-49

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 _____

Bert B. Bennett, Student Embalmer No. 83
working under my personal supervision.

Signed.....Bert B. Bennett
Student Embalmer

Signed Allen S. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.