

FILED JUN 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 20371

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WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 3047 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		d. STREET ADDRESS (If rural, give location) <u>701 W. McCORD ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL HOSP</u>		3. NAME OF DECEASED a. (First) <u>NELLIE</u> b. (Middle) <u>SIRON</u> c. (Last) <u>WOLFENBARGER.</u>	
4. DATE OF DEATH <u>June 9 1949</u>		5. SEX <u>FEM.</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC. 14, 1872</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>SANGMON Co. ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>JAMES ANTHONY Shuff</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA FLSBURY</u>	
14. NAME OF HUSBAND OR WIFE <u>SAM. WOLFENBARGER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lora Briggs, Neosho Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal disease</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremic Coma</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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?			
22. I hereby certify that I attended the deceased from <u>June 6<sup>th</sup></u> , 19 <u>49</u> , to <u>June 9<sup>th</sup></u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 9<sup>th</sup></u> , 19 <u>49</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>		23b. ADDRESS <u>Neosho, Mo.</u>	
23c. DATE SIGNED <u>June 12, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MACEDONIA</u>	
24d. LOCATION (City, town, or county) (State) <u>STELLER MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Worley Thompson</u>	
DATE REC'D BY LOCAL REG. <u>June 12, 1949</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Neosho, Mo.</u>		25. FUNERAL DIRECTOR'S ADDRESS	

