

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39952**
Registrar's No. **69**

BIRTH NO.		REG. DIST. NO. 852		PRIMARY REG. DIST. NO. 6188		Registrar's No. 69		
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Taney				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Protem No. Rural, Bigcreek		c. LENGTH OF STAY (in this place) 69 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Protem, Rural, Bigcreek		d. STREET ADDRESS (If rural, give location) Protem, Mo Tanney Co		
d. FULL NAME OF HOSPITAL OR INSTITUTION none				4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1949				
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) C. c. (Last) Wolf			5. SEX Male 6. COLOR OR RACE White					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 14, 1963		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR: Months 10 Days 19 IF UNDER 24 HRS. Hours 19 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Syracuse New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ferdinand Wolf		13b. MOTHER'S MAIDEN NAME Ellen Gale		14. NAME OF HUSBAND OR WIFE Martha Blankinship, Wolf				
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'S SIGNATURE OR NAME Mr James Wolf, Protém ADDRESS Mo				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 21st, 1949 , to Nov 12th, 1949 , that I last saw the deceased alive on Nov 5th, 1949 , and that death occurred at 2:45 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. J. H. ...				23b. ADDRESS ...		23c. DATE SIGNED 11/21/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Wolf Cemetery		24d. LOCATION (City, town, or county) (State) Protem, Mo Tanney Co		
DATE REC'D BY LOCAL REG. Nov 24 1949		REGISTRAR'S SIGNATURE SE Copwell		376		25. FUNERAL DIRECTOR'S SIGNATURE Clint Kingbe and Funeral Home, Gainesville, Missouri ADDRESS		

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

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DEC 7 4 1949

RECEIVED NOV 28 1949

District Health Dept. No. 6,
District File Number 1149-1295
Date Filed 11-30-49

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 Chester A. Roof

Licensed Embalmer No. 3044

P. O. Address Seneca 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.