

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5399

FILED MAR 1 1950

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4311 Registrar's No. 55-

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Callao		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Callao	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Francis	c. (Last) Wolverton	4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1950
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5. SEX U male	6. COLOR OR RACE white	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 1, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Wolverton	13b. MOTHER'S MAIDEN NAME Sarah Carter	14. NAME OF HUSBAND OR WIFE Emma Wolverton
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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 ADDRESS Mrs. Joseph Wolverton; Callao, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension arterial		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Posterior Hypertrophy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Callao, Macon, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 2-21-50 6:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 351X
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22. I hereby certify that I attended the deceased from **2-1, 1950**, to **2-21, 1950**, that I last saw the deceased alive on **2-21, 1950**, and that death occurred at **6:45** m., from the causes and on the date stated above.

23a. SIGNATURE A. D. ... (Degree or title)	23b. ADDRESS Macon MO	23c. DATE SIGNED 2-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-23-1950	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
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DATE REC'D BY LOCAL REG. 9-25-50	REGISTRAR'S SIGNATURE Josephine King	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville MO
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(Licensed Emballer's Statement on Reverse Side)

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

610

MAR 9 1950

MAY 18 1950

RECEIVED 2/27/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 2/50/40.....
Date Filed 2/28/50.....

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 *Tom B Patton*

Licensed Embalmer No. 3914

P. O. Address. *Huntsville*

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.