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

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16185

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 211 Kansas City Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
d. STREET ADDRESS (If rural, give location): 211 K. C. Ave

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): WILLIAM
c. (Last): WHOLF

4. DATE OF DEATH (Month) (Day) (Year): May 3-1950

5. SEX: Male
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 25 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Miner
11. BIRTHPLACE (State or foreign country): Ray Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Wholf
13b. MOTHER'S MAIDEN NAME: Ellen Tanewater
14. NAME OF HUSBAND OR WIFE: Helena Wholf.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mary Van Dyke — **ADDRESS**: Ex Springs 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Obliterated valves of heart by calcification — Interval between onset and death: Unknown

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)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arthritis; senility — 4580

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/17/50, 19___, *to* 5/3/50, 19___, *that I last saw the deceased alive on* 5/3/50, 19___, *and that death occurred at* 8:15 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: S. R. McGracken — (Degree or title): M. D.
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 5/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/4/1950
24c. NAME OF CEMETERY OR CREMATORY: Riffe Cemetery
24d. LOCATION (City, town, or county) (State): Near, Orrick Mo.

DATE REC'D BY LOCAL REG.: 5/5/50
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE: Hope Funeral Home — **ADDRESS**: Ex Spgs Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 15
District Health Officer No. 8,

District File Number.....

Date Filed 5/16/50

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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