

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23118
Registrar's No. 73

BIRTH NO. 39948 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	c. LENGTH OF STAY (In this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	<u>0272</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Angela</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Wolf</u>	Month <u>July</u>	Day <u>16</u>	Year <u>1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 10th 1950</u>	9. AGE (In years last birthday) <u>6 days</u>	10. UNDER 1 YEAR Months <u>6</u>	11. UNDER 12 HRS. Hours <u>6</u>	12. UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Boonville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Earl J. Wolf</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Lubbering</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl J. Wolf</u>	ADDRESS <u>Tipton, MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOPNEUMONIA</u>	ANTECEDENT CAUSES <u>DUE TO (b) CONGENITAL ATELECTASIS</u>		<u>6 DAYS</u>
II. OTHER SIGNIFICANT CONDITIONS <u>INFARCTION RIGHT KIDNEY</u> <u>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. WITH THROMBOSIS RENAL VEIN</u>			<u>7620</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from July 10, 1950, to July 16, 1950 that I last saw the deceased alive on July 15, 1950, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray B Lewis M.D.</u>	(Degree or title)	23b. ADDRESS <u>329 Main St, Boonville, Mo</u>	23c. DATE SIGNED <u>7-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tipton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jul 17-50</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	381	FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richard</u>	ADDRESS <u>Tipton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-2

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7.24.50

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

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *James W. Stegner*
Licensed Embalmer No. *3789*

P. O. Address *Bronx, N.Y.*

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.