No. 300
10.48

117

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1950

State File No. 32730

BIRTH NO. 56095-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1231

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 3½ Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1019½ - 6th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle):
c. (Last): Wolfenbarger Jr.

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Sept. 27, 1950
9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months 1 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Raymond Wolfenbarger Sr.
13b. MOTHER'S MAIDEN NAME: Alberta Mae Putnam
14. NAME OF HUSBAND OR WIFE:

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. Raymond Wolfenbarger
ADDRESS: 1019½-6th Ave.

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): Acute Enteritis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Etiology
DUE TO (c): XXXXXXXXX
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. XXXXXXXX

INTERVAL BETWEEN ONSET AND DEATH: Unknown
5710

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XXXXXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXXXXXXX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XXXXXXXXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXXXXXXX m.
21e. INJURY OCCURRED WHILE AT [ ] NOT WHILE [ ]
21f. HOW DID INJURY OCCUR?: XXXXXXXX

22. *I hereby certify that I attended the deceased from* Oct., 28, 1950, *to* Oct., 28, 1950, *that I last saw the deceased alive on* Oct., 28, 1950, *and that death occurred at* 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Owen W. Deming MD 0
23b. ADDRESS: The Tootle Building, St. Joseph, Missouri
23c. DATE SIGNED: 10-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Oct. 30-50
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: Nov 3, 1950
REGISTRAR'S SIGNATURE: Carl C. Cesley 446
25. FUNERAL DIRECTOR'S SIGNATURE: Herman Wm. Sidenfaden
ADDRESS: 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Robert R Gaple

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.