

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 895

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 4200 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ash Grove</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.W. Part Ash Grove Mo</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Ash Grove</u> 0390	
		d. STREET ADDRESS (If rural, give location) <u>N.W. Part Ash Grove Mo.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ira</u>	b. (Middle) <u>Dwight</u>	c. (Last) <u>Wolfe</u>	(Month) <u>Jan</u>	(Day) <u>31</u>	(Year) <u>1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 11-1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>20</u>	IF UNDER 24 HRS Hours <u>20</u>	IF UNDER 5 MIN Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Greene County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lewis S. Wolfe</u>	13b. MOTHER'S MAIDEN NAME <u>Mary C. Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Luetta Wolfe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ira Wolfe</u>	ADDRESS <u>Ash Grove Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO Sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 <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 Dec 10, 1950, to JAN 31, 1951, that I last saw the deceased alive on JAN 31, 1951, and that death occurred at 10:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>G.F. Staeger Jr.</u> (Degree or title) <u>Do D</u>	23b. ADDRESS <u>Ash Grove Mo.</u>	23c. DATE SIGNED <u>Feb. 3-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>February 4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johns Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 3-1951</u>	REGISTRAR'S SIGNATURE <u>Drew H. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Storch</u>	ADDRESS <u>Ash Grove Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0390

RECEIVED

Greene County Health Office,

County File Number 57-2-6

Date Filed 2-2-51

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 _____

J. W. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.

J. W. Birch