

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1695

0540

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

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY-REG. DIST. NO. <u>4272</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly, Missouri</u>		c. LENGTH OF STAY (In this place) <u>4 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grand Pass</u>		<u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelling Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Name or Number</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pinkie</u> b. (Middle) <u>Beatrice</u> c. (Last) <u>Wolfe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 20-51</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 23-1883</u> <u>Jan. 20-51</u>	
9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>29</u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Leonard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Leonard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James H. Stewart</u>			13b. MOTHER'S MAIDEN NAME <u>Flora Kelso</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph S. Wolfe</u>		
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 ADDRESS <u>Mrs. James Richhart-Waverly, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right breast</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Metastasis of liver and pancreas</u> DUE TO (c) <u>Chronic myo carditis</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Chronic myo carditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>4 mons.</u> <u>10 years</u>
19a. DATE OF OPERATION <u>Mar. 18, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of right breast (Mammectomy)</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		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 <u>Mar. 18</u> , 19 <u>48</u> , to <u>Jan. 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan. 20</u> , 19 <u>51</u> , and that death occurred at <u>7:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George A. Kelling M.D.</u>				23b. ADDRESS <u>Waverly Mo.</u>		23c. DATE SIGNED <u>1-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand Pass Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Grand Pass, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 23-1951</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Keli Murray - Waverly</u>			

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED 1-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 1-30-51 -----

FEB

3 1951

AUG 7 1952

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. Leab's -----

Licensed Embalmer No. 3281 -----

P. O. Address Marshall, 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.