

FILED APR 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15321

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY Shelby county				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
-b. CITY (If outside corporate limits, write RURAL and give township) Clarence, Mo.			c. LENGTH OF STAY (in this place) 10 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Clarence, Mo. 1070			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) X			
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) NEWTON c. (Last) WOLFE			4. DATE OF DEATH (Month) (Day) (Year) 4-8-1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-30-1871	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 9 Days 8 IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtr. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Shelby Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John M. Wolfe		13b. MOTHER'S MAIDEN NAME Mary Poor		14. NAME OF HUSBAND OR WIFE Sophia B. Wolfe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sophia B. Wolfe, Clarence 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, asthma, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153 X					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) 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 May , 19 49 , to April 8 , 19 51 , that I last saw the deceased alive on April 4 , 19 51 , and that death occurred at 2:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE D. L. Harlan MD (Degree or title)			23b. ADDRESS Clarence, Mo		23c. DATE SIGNED 4/10/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-10-1951	24c. NAME OF CEMETERY OR CREMATORY Concord Cemty.		24d. LOCATION (City, town, or county) (State) Shelby Co. Mo.			
DATE REC'D BY LOCAL REG. 4-18-51	REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw-Hawkins, Clarence, Mo.				

Date Received: APR 23 1951
DISTRICT HEALTH OFFICE #2
District File Number: 4-47-769
Date Filed: APR 23 1951

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 _____

W. H. [Signature]

Licensed Embalmer No. 3498

P. O. Address *Albany, 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.