

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15556

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 4031 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian Missouri 0070</u>	
c. LENGTH OF STAY (in this place) <u>40yer</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sadie Elizabeth</u>	b. (Middle) <u>Bridges</u>	c. (Last) <u>Wolf</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>5</u> <u>20</u> <u>51</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12 29 89</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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	11. BIRTHPLACE (State or foreign country) <u>Fort Scott Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>A</u>			

13a. FATHER'S NAME <u>John T³ Cauthorn</u>	13b. MOTHER'S MAIDEN NAME <u>Tiney Todd</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Wolf</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	(If yes, give war or dates of service) <u>A</u>	16. SOCIAL SECURITY NO. <u>512-20-3778</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orville Bridges Adrian, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of uterus with renal metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 months</u>
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>124X</u>	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)
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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?
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22. I hereby certify that I attended the deceased from Nov 17, 1942, to May 19, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Colson</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Adrian Mo.</u>	23c. DATE SIGNED <u>5-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Austin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Austin Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-22-51</u>	REGISTRAR'S SIGNATURE <u>Myra Owens</u>	16 <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Bridges Adrian, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-28-51

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 _____

Paul V. Breath

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signature *Paul V. Breath*

Licensed Embalmer No. 3343

P. O. Address *Adrian, 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.