

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23590**

FILED JUL 30 1952

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Virginia	
c. LENGTH OF STAY (In this place) 4 hours		d. STREET ADDRESS (If rural, give location) Charlotte Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Tella b. (Middle) May c. (Last) Wolfe			4. DATE OF DEATH (Month) (Day) (Year) July 20 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 25, 1866		9. AGE (In years, month, days, hours, min.) 85 8 25		10. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Crawford Co., Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME George Washington Park		13b. MOTHER'S MAIDEN NAME Susan Quaintance		14. NAME OF HUSBAND OR WIFE David Clayton Wolfe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Bessie Harding - Butler 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 14 HRS.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) GENERALIZED ARTERIOSCLEROSIS WITH HYPERTENSION		UNKNOWN	
		DUE TO (c) SENILITY		6.	
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 331X		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 **MAY 1949** to **JULY 20**, 1952, that I last saw the deceased alive on **JULY 20**, 1952, and that death occurred at **11** a.m., from the causes and on the date stated above.

23a. SIGNATURE John M. Cooper (Degree or title) M.D.		23b. ADDRESS BUTLER, Mo		23c. DATE SIGNED 7-21-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
				24d. LOCATION (City, town, or county) (State) Butler Mo	

DATE REC'D BY LOCAL REG. July 21 52		REGISTRAR'S SIGNATURE Handall		25. FUNERAL DIRECTOR'S SIGNATURE John E. Anderson	
				ADDRESS Butler Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
na. Cooper 7051

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

John G. Underwood

Licensed Embalmer No. *3585*

P. O. Address. *Butler 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.