

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24735

State File No.

AUG 4 1952

BIRTH NO. 61376 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3309

1. PLACE OF DEATH a. COUNTY <u>Wabash</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wabash</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>W.C. Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wabash Mo</u>	
c. LENGTH OF STAY (In this place) <u>22 hours</u>		d. STREET ADDRESS (If apart, give location) <u>Wabash Hwy 3878</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Research Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Ray</u> c. (Last) <u>WOLTKAMP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>7-20-52 (6:53 PM)</u>	9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>W.C. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. DECEASED'S NAME <u>Earl Ray Woltkamp</u>	13b. MOTHER'S MAIDEN NAME <u>Allene Duester</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Woltkamp</u> ADDRESS <u>W.C. 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>22 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ATELECTASIS</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>PREMATURITY</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>DELIVERY BY CESAREAN SECTION</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>FOR PLACENTA PRAEVIA OCCULTA</u>			<u>6:53 PM. 7-20-52</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>NO</u> 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) (Minute)	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 Wabash, Mo, to Wabash, Mo, 1952, that I last saw the deceased alive on 7-21-, 1952, and that death occurred at 4:15 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. McPhee, M.D.</u> (Degree or title)	23b. ADDRESS <u>Research Hosp 2300 N. Hwy 3878 Wabash Mo</u>	23c. DATE SIGNED <u>7/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Wabash Mo</u>	24b. DATE <u>7/23/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>W.C. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-22-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Comp. Wabash Mo</u> ADDRESS <u>W.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

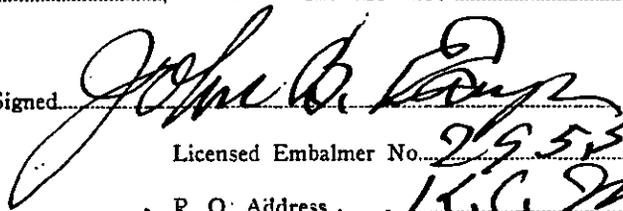
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 2955

P. O. Address.....

K.C. 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.