

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26833**

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6092		Registrar's No. 162	
1. PLACE OF DEATH a. COUNTY Saline 0970				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline 0970			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grand Pass, Mo. Twp.		c. LENGTH OF STAY (in this place) 7 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grand Pass 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION No St. Name or Number				d. STREET ADDRESS (If rural, give location) No St. Name or Number			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Smith		c. (Last) Wolfe Sr.		4. DATE OF DEATH (Month) (Day) (Year) July 26 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 7-1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 1 Days 20	IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Farm Work		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Scott Co. Virginia /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE AND ADDRESS Mrs. James O. Ritchart-Waverly, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis 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. Chronic myocarditis				INTERVAL BETWEEN ONSET AND DEATH 10 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 Jan 1946 to July 26, 1952 , that I last saw the deceased alive on Jan 15, 1952 , and that death occurred at 7 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph Kelling (Degree or title)				23b. ADDRESS Waverly Mo		23c. DATE SIGNED 7/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 7/30/52		24c. NAME OF CEMETERY OR CREMATORY Grand Pass Cem.		24d. LOCATION (City, town, or county) (State) Grand Pass, Missouri	
DATE REC'D BY LOCAL REG. July, 30-1952		REGISTRAR'S SIGNATURE Edw. J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS A. Leslie Surrency, Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Rural

1961
MICHIGAN

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. Leslie Swamy

Licensed Embalmer No. 3235

P. O. Address Warshall, 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.