

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32323**

FILED OCT 6 1952

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

BIRTH NO.		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>21-52</u>		
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Tuscumbia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Los Angeles</u>		<u>8140</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2352 Fox Hills Drive</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>WOLF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 29, 1891</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Technician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fox Film Corp</u>		11. BIRTHPLACE (State or foreign country) <u>Washington</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George J Wolf</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Fredlynd</u>			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) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. E. Wolf Los Angeles</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock And Hemorrhage From Accidental</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage From</u> DUE TO (c) <u>Accidental</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9198</u> <u>43</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>shl</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Tuscumbia</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Tuscumbia Miller Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-25-52-9:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Dynamite Blast</u>				
22. I hereby certify that I attended the deceased from <u>9-25-1952</u> , to <u>9-25-1952</u> , that I last saw the deceased alive on <u>9-25-1952</u> , and that death occurred at <u>8:44 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys D. O.</u>				23b. ADDRESS <u>Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>9-26-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-27-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Los Angeles</u>		24d. LOCATION (City, town, or county) (State) <u>California</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 27, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>		ADDRESS <u>Edou</u>		

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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.....

Louis D. Phillips

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

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.