

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13653**

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5298 Registrar's No. 19

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1

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

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>					
b. CITY OR TOWN <u>Rural-Lafayette</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Rural-Lafayette Twp</u>		0250			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt Stewartsville-Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rt Stewartsville-Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle) <u>Wolfe</u>		c. (Last) <u>Wolfe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 15, 1876</u>		9. AGE (In years last birthday) <u>77</u> if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alexandria, Nebr</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Pretzel</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth - ?</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Wolfe</u>				
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs H.C. Sypard Rt Stewartsville</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> 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. <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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) (Min.)		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 <u>Aug.</u> , 19 <u>52</u> , to <u>April 16, 1953</u> , that I last saw the deceased alive on <u>April 16, 1953</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B. J. King</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Stewartsville, Mo.</u>		23c. DATE SIGNED <u>4-16-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 17-53</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Lee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. J. J. J.</u>		ADDRESS <u>1802 Union St</u>			

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. 3308

P. O. Address St Joseph, 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.