

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13926

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5460</u>		Registrar's No. <u>445</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>				
b. CITY OR TOWN <u>RURAL, CLAY Twp.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>RURAL, CLAY Twp. 0390</u>		d. STREET ADDRESS (If rural, city location) <u>R# 2 ROGERSVILLE MO</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R# 2 ROGERSVILLE MO.</u>				d. STREET ADDRESS (If rural, city location) <u>R# 2 ROGERSVILLE MO</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>ROSCOE</u> c. (Last) <u>WOLFE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4, 1953</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUGUST 19, 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>ALVA WOLFE</u>			13b. MOTHER'S MAIDEN NAME <u>MOLLIE PRIDE</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MAGGIE WOLFE, AT#2 ROGERSVILLE</u> ADDRESS _____				
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>Probably Coronary Occlusion</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. _____					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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 _____, to _____, and that death occurred at <u>2:00p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edith Williamson</u> (Degree or title) <u>Deputy Registrar</u>				23b. ADDRESS <u>Greene County Court House</u> <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>5-6-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GALLOWAY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE Co. MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>5-6-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Finell</u> ADDRESS <u>Fordland Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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UNATTENDED BY A PHYSICIAN

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed W. K. Ferrell

Signed.....
Student Embalmer

Licensed Embalmer No. 4910

P. O. Address Fordland, Me

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.