

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17499

State File No.

FILED JUN 15 1953

BIRTH NO.		REG. DIST. NO. <u>84</u>	PRIMARY REG. DIST. NO. <u>5317</u>	Registrar's No. <u>16</u>
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural in Kelly Twsp.</u>	c. LENGTH OF RESIDENCE (City or town) <u>20 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunceton,</u> <u>0270</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Wolfrum.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>5</u> <u>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>January 6 1883</u>	9. AGE (In years last birthday) (Months) (Days) (If under 1 year) (If under 1 min.) <u>70</u>
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>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>California, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John G. Wolfrum</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Herrenleben</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza Miller Wolfrum.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. F. Wolfrum, Bunceton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>69121</u>		<u>Just</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Pushed to earth for overland trailer.</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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Farm</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Bunceton R.D. Cooper Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 5 1953 11:45 a.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Trailer returned & found to seat</u>		
22. I hereby certify that I attended the deceased from <u>NO</u> , 19 <u>1953</u> , that I last saw the deceased alive on <u>NO</u> , 19 <u>1953</u> , and that death occurred at <u>NO</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>M. L. Deekraegu MD</u>		23b. ADDRESS <u>Carroll, Booneville Mo</u>		23c. DATE SIGNED <u>6/9/53</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 7 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>	
DATE REC'D BY LOCAL REG <u>June 7 1953</u>	REGISTRAR'S SIGNATURE <u>Hellie Mullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boiler, Booneville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

270
3

MAR 17 1954

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 G. F. Boller

Licensed Embalmer No. 3067

P. O. Address Brownville, 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.