

840

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

REC'D JUN 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. **22515**

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **597** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN "Rural" Marion Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 4 Bolivar		d. STREET ADDRESS (If rural, give location) Rt. 4 Bolivar	

3. NAME OF DECEASED (Type or Print) a. (First) Howard	b. (Middle) Jacob	c. (Last) Wolfe	4. DATE OF DEATH (Month) (Day) (Year) June 14 1953
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 10, 1869
9. AGE (In years last birthday) 83	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) / Smithsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Wolfe	

13b. MOTHER'S MAIDEN NAME Nancy Maugans	14. NAME OF HUSBAND OR WIFE Lulu Wolfe		
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 OR NAME Mrs. Martin Brandt	ADDRESS Rt. 4 Bolivar, 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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transition & Debilitating		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dementia DUE TO (c) Chronic generalized Hypertrophic Arteritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 72 30	
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 **1937**, 19____, to **June 14, 1953**, that I last saw the deceased alive on **June 14, 1953**, and that death occurred at **1 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Lumbrey, M.D.	(Degree or title)	23b. ADDRESS Bolivar, Mo.	23c. DATE SIGNED 6-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Bolivar, Mo.
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DATE REC'D BY LOCAL REG. June 17, 1953	REGISTRAR'S SIGNATURE Ralph Gordon	25. FUNERAL DIRECTOR'S SIGNATURE Turpin Funeral Home	ADDRESS Bolivar, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1957

STATEMENT BY LICENSED EMBALMER

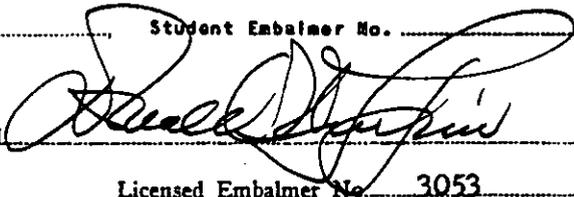
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.