

FILED AUG 17 1953 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5461 Registrar's No. 748

390

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

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 (If outside corporate limits, write RURAL and give township) <u>Rural - Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Washington 0390</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROGERSVILLE, MO</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>WOLF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 9 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>March 9, 1883</u>		9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</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>Martin Wolf</u>		13b. MOTHER'S MAIDEN NAME <u>Ludie A. Little</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Wolf</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vera Wolf</u>	
				ADDRESS <u>Rogersville, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		DUPLICATE				<u>7 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>				<u>15 yrs.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>				<u>20 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)		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 Aug. 1st, 1953, to Aug. 8, 1953, that I last saw the deceased alive on Aug. 7, 1953, and that death occurred at 2 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Adair Jr. M.D.</u>		23b. ADDRESS <u>406 Prof Bldg.</u>		23c. DATE SIGNED <u>8/11/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greene Co. Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>8-12-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Ferrell</u>		ADDRESS <u>Rogersville, Mo</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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed M. K. Ferrell.....

Licensed Embalmer No. 4910.....

P. O. Address Fordland, 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.