

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28947**
3942

FILED AUG 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 7 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				e. STREET ADDRESS (If rural, give location) 3927 Agnes				
3. NAME OF DECEASED (Type or Print) a. (First) Agnes		b. (Middle) J.		c. (Last) WOLFER		4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-1-13		
9. AGE (In years last birthday) 39		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 1 MIN. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Montrose, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John Gerard		13b. MOTHER'S MAIDEN NAME Josephine Bloomer		14. NAME OF HUSBAND OR WIFE Richard R. Wolfer	
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 ADDRESS Richard R. Wolfer, 3927 Agnes, KC, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) benign prostatic hypertrophy from multiple small basal prostatic nodules due to distortion of normal - due to annular carcinoma of ducts from basal colon with complete obstruction 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. 153X						
19a. DATE OF OPERATION Aug 6, 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon - Abstruction & perforation				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 July 24 , 1953, to Aug 6 , 1953, that I last saw the deceased alive on Aug 6 , 1953, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Ralph Perry (Degree or title)				23b. ADDRESS 4800 East 24		23c. DATE SIGNED Aug 19 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-7-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Montrose, Missouri		
DATE REC'D BY LOCAL REG. 8-7-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eyler, Kansas City, Mo.				

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

G. Long

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *514*

P. O. Address..... *CC 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.