

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36764**

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL		d. STREET ADDRESS (If rural, give location) 1709 S. Summitt	
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE		b. (Middle) EUGENE	
		c. (Last) WOLF	
		4. DATE OF DEATH (Month) (Day) (Year) Oct 15, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Sept 22, 1928
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 25
		11. BIRTHPLACE (State or foreign country) Sedalia, Missouri	
13a. FATHER'S NAME James E. Wolf		13b. MOTHER'S MAIDEN NAME Lillian S. Manning	12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE None			
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 James E. Wolf, Jr. Sedalia, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 3 or 4 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) IO	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) (Min.)	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 <u>Oct. 15, 1953</u> , to <u>Oct. 15, 1953</u> , that I last saw the deceased alive on <u>Oct. 15, 1953</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED Oct. 16, '53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/17/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
DATE REC'D BY LOCAL REG. 10/17-1953	REGISTRAR'S SIGNATURE R. J. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE W. J. ...	ADDRESS Sedalia, Mo.

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

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.