

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38085

State File No.

21

FILED NOV 2 - 1953

BIRTH NO.

REG. DIST. NO. 359

PRIMARY REG. DIST. NO. 4526

Registrar's No.

21

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheldon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheldon	
c. LENGTH OF STAY (in this place) 8 yrs		d. STREET ADDRESS (If rural, give location) 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) CORA		b. (Middle) JANE	
c. (Last) WOLF		4. DATE OF DEATH (Month) (Day) (Year) Oct. 9 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married	8. DATE OF BIRTH May 27, 1888
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) Calhoun, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Luther Mc Vey		13b. MOTHER'S MAIDEN NAME Ida B. Emmons	14. NAME OF HUSBAND OR WIFE Martin J. Wolf
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.	17. INFORMANT'S SIGNATURE OR NAME Martin J. Wolf ADDRESS Sheldon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Renal Disease DUE TO (c) Renal & Myocardial Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442 X	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input 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) (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 May 15, 1923 , to Oct 9, 1953 , that I last saw the deceased alive on Oct 9, 1953 and that death occurred at 8 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE E. B. Barnes MD (Degree or title)		23b. ADDRESS Sheldon MO	
23c. DATE SIGNED		23d. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 11, 1953	
24c. NAME OF CEMETERY OR CREMATORY Sheldon Cemetery		24d. LOCATION (City, town, or county) (State) Sheldon Mo.	
DATE REC'D BY LOCAL REG. Oct 28 1953		REGISTRAR'S SIGNATURE Mrs Ruth Faith S. Bernard Berry	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 S. Bernard Beery

Licensed Embalmer No. 4161

P. O. Address Sheldon, 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.