

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1082</u>
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1126 N. Ash St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Niyath Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Proctor</u> c. (Last) <u>Wolfe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 23-1870</u>		9. AGE (In years last birthday) <u>83</u> if UNDER 1 YEAR Months <u>8</u> Days <u>5</u> if UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vernon County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Rev. M.A. Wolfe</u>		13b. MOTHER'S MAIDEN NAME <u>J. Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Deed</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rex Schellenberger</u> ADDRESS <u>1126 N. Ash St Nevada 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized Arteriosclerosis</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>331 X</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 1875, 1932 to 5/28, 1954, that I last saw the deceased alive on 3/27, 1954, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. C. Morris M.D.</u> (Degree or title)		23b. ADDRESS <u>Nevada Mo.</u>		23c. DATE SIGNED <u>6/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Funeral Service Inc.</u> ADDRESS <u>Nevada Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-5-54</u>		REGISTRAR'S SIGNATURE <u>James J. Ferry</u>			

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

Serial 1082

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..... *A. H. Marmaduke*

Licensed Embalmer No. *2070*.....

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