No. 300
10.48

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

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19822

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4388 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chamois
c. LENGTH OF STAY (in this place): 36 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home (City)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chamois 0760
d. STREET ADDRESS (If rural, give location): City 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hugh
b. (Middle): Edward
c. (Last): Wolfe

4. DATE OF DEATH (Month): 6 (Day): 9 (Year): 54

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 12-1878
9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oil Retail Business
10b. KIND OF BUSINESS OR INDUSTRY: Filling Station
11. BIRTHPLACE (State or foreign country): Hope, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Nickolas Wolfe
13b. MOTHER'S MAIDEN NAME: Briggit Mc Quen
14. NAME OF HUSBAND OR WIFE: Ida Vorderbruegge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: x Elmer Wolfe — ADDRESS: Chamois

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic or Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4-12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage & Paralysis, partial — 1½ yrs.
DUE TO (c) Atherosclerosis — 15 to 20 yrs.

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: 331X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1-, 1953, *to* 6-9-, 1954, *that I last saw the deceased alive on* 5-28-, 1954, *and that death occurred at* 5:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F.B. Farnsworth, D.O.
23b. ADDRESS: Chamois Mo
23c. DATE SIGNED: 6-9-54.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 11, 1954
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Chamois Mo.

DATE REC'D BY LOCAL REG.: 6-12-54
REGISTRAR'S SIGNATURE: Anna Moran 448
25. FUNERAL DIRECTOR'S SIGNATURE: Stanley E. Meyer — ADDRESS: Chamois Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Chamois, 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.