

FILED JUN 28 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 19984

0870

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4435 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Ralls.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri.</u>	
c. LENGTH OF STAY (In this place) <u>50Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Missouri.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Funston</u> b. (Middle) <u>L.</u> c. (Last) <u>Wolfenbarger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 8, 1877</u>
9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <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 (State or foreign country) <u>West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>A.H. Wolfenbarger</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kinkade</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Wolfenbarger</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bertha Wolfenbarger Perry, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured leg followed by infection and general decline of health + felt faint for 3 yrs. with general decline of health and old age.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	-19b. MAJOR FINDINGS OF OPERATION		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) (Minute)	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>1950</u> , to <u>present</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June 20, 1954</u> , and that death occurred at <u>8:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Suter M.D.</u> (Degree or title)		23b. ADDRESS <u>Perry, Missouri.</u>	23c. DATE SIGNED <u>6-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-23-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perry, Mo.</u>
DATE REC'D BY LOCAL REG <u>6/23/54</u>	REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Wilkey Perry, Mo</u>	

(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 Clyde W. Wiley

Licensed Embalmer No. 3820

P. O. Address Temp 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.