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FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

23595

State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 408

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>6 MOS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rothville</u>		<u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Switzer Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>OSCAR</u>	c. (Last) <u>WOLFE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N. M.</u>	8. DATE OF BIRTH <u>Feb. 22, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 24 HRS. Hours _____	IF UNDER 24 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer ret</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Wolfe</u>	13b. MOTHER'S MAIDEN NAME <u>Rivanner Crouch</u>	14. NAME OF HUSBAND OR WIFE _____
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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>Harry Riddell, Rothville, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>deblity + Cardia</u> Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Post-operative Convulsions from Prostetic Emulsi</u>			

19a. DATE OF OPERATION <u>5/24/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hypertrophy</u>	20. AUTOPSY? <u>610X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>W</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from Oct 12, 1953, to July 22, 1954, that I last saw the deceased alive on July 22, 1954, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Robinson</u>	23b. ADDRESS <u>211 Linn Brookfield Mo</u>	23c. DATE SIGNED <u>7/23/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rothville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rothville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-23-54</u>	REGISTRAR'S SIGNATURE <u>Nadine Standish</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>
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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

Harold B. Wright

Licensed Embalmer No. _____

3718

P. O. Address Brookfield, 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.