

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36274**

BIRTH NO. _____		REG. DIST. NO. 356		PRIMARY REG. DIST. NO. 6210		Registrar's No. 41		
1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas				
b. CITY (If outside corporate limits, write RURAL and give town) Rural - Upton		c. LENGTH OF STAY (In this place) 53		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Upton		1070 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) America			b. (Middle) Virginia		c. (Last) Wolfe		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 13 1870		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 4 Days 22	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis County Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Buford			13b. MOTHER'S MAIDEN NAME Mary Jane (Unknown)		14. NAME OF HUSBAND OR WIFE Rufus			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva L. Casbeer - Higgins 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probable coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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) 4201				
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 viewed on Oct 7 1954 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 A.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James L. Hentz (Coroner)				23b. ADDRESS Calool Mo.		23c. DATE SIGNED 10-9-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-9-54	24c. NAME OF CEMETERY OR CREMATORY Liberty		24d. LOCATION (City, town, or county) (State) Texas Co. Missouri			
DATE REC'D BY LOCAL REG. 10/14/54		REGISTRAR'S SIGNATURE Myrtie Craig		25. FUNERAL DIRECTOR'S SIGNATURE Elliott Funeral Home		ADDRESS Houston, Mo		

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.....

Licensed Embalmer No.

P. O. Address.....

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.