

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1954

38276

State File No.

BIRTH NO. 28979825-54 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 407

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Casper</u>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>Sedalia</u>	c. LENGTH OF STAY (In the place) <u>mo</u>	c. CITY OR TOWN <u>✓</u>	d. Is Residence within limits of a city (Incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Worthwell Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>near Pilot Grove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>REX</u> b. (Middle) <u>LED</u> c. (Last) <u>WOLFE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-21-54</u>							
5. SEX <u>M.</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	8. DATE OF BIRTH <u>11-18-54</u>	9. AGE (In years last birthday) <u>3d.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City, State or Foreign Country) <u>Sedalia - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Virgil Wolfe</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES-Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or kind of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Wolfe</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbidity conditions, if any, giving rise to the above cause (a) 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.		_____	

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) <u>71020</u>
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 11-18-54 to 11-21-1954, that I last saw the deceased alive on 11-21-1954, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. V. Siegel MD</u>	(Degree or title)	23b. ADDRESS <u>Smithson MO</u>	23c. DATE SIGNED <u>11/23/54</u>
24a. BURIAL-CREMA-TION REMOVAL (Specify)	24b. DATE <u>11-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green near Pilot Grove Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>11-23-54</u>	REGISTRAR'S SIGNATURE <u>Lavinia Abbott</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u>	ADDRESS <u>Pilot Grove Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} was embalmed

by me, or by Student Embalmer No.

working under my personal supervision..

Was not Embalmed

Student.....
Signature of Student Embalmer

Signed.....
Rayton E. Hays

Licensed Embalmer No. *307*

P. O. Address *Deloit Green*

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.