No. 300
10.48

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4304

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 79

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City, Mo.
c. LENGTH OF STAY (in this place): 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1316 Cottage Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1316 Cottage Lane 0264 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Wolken

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 17, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 8, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Taos, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: John Wolken
13b. MOTHER'S MAIDEN NAME: Teresa Taube
14. NAME OF HUSBAND OR WIFE: Mary Watts

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: Mrs Helen Mc New — ADDRESS: J. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive condition vascular disease c congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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. Carcinoma prostat — 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443 X H
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* Dec, 1952 *to* March 10, 1955 *that I last saw the deceased alive on* March 10 1955 *and that death occurred at* 9:30 P. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Crean C Taylor M.D.
23b. ADDRESS: Jefferson City
23c. DATE SIGNED: 3-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/55
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Xavier
24d. LOCATION (City, town, or county) (State): Taos, Mo.

DATE REC'D BY LOCAL REG.: Mar 12-1955
REGISTRAR'S SIGNATURE: R. P. Dorris MD NR 68-0
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dulle — ADDRESS: J. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

VS JUL 28 1960

JUL 24 1962

OCT 2 1958

DEC 4 1958

JUL 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Sylvester Dulle

Licensed Embalmer No. 432

P. O. Address Jefferson C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.