

FILED JUL 25 1955

STANDARD CERTIFICATE OF DEATH

6127 State File No. 23305

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6011 Registrar's No. 182

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Randolph</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Salt River 8 weeks</i> | | c. CITY OR TOWN <i>Cairo</i> | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>RFD # 2 Cairo</i> | | STREET ADDRESS (If rural, give location) <i>RFD # 2</i> | |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>FRANKIE FLORENCE</i> b. (Middle) <i>WOLFE</i> c. (Last) <i>WOLFE</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>July-21-1955</i> | | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <i>Widowed</i> | 8. DATE OF BIRTH <i>Feb-4-1881</i> | 9. AGE (In years last birthday) <i>74</i> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>-</i> | 11. BIRTHPLACE (City and State or Foreign Country) <i>Browning Missouri</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
| 13a. FATHER'S NAME <i>Steve Atkins</i> | | 13b. MOTHER'S MAIDEN NAME <i>Laura Watson</i> | | 14. NAME OF HUSBAND OR WIFE <i>P.H. Wolfe</i> | |

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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) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Margress Wedding Cairo Mo</i> | | |
| 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) <i>Primary Carcinoma of Rectum & Sigmoid Flexure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>with Metastasis to the Liver thru lymphatic system</i> DUE TO (b) <i>154X</i> 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 <i>May 4, 55</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>Primary Carcinoma of Rectum & Sigmoid</i> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|---|--|--|--|---|--|
| 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) (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 *May 4, 1955*, to *July 21, 1955*, that I last saw the deceased alive on *July 21, 1955*, and that death occurred at *11:00 am*, from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <i>Lloyd Carroll</i> | | 23b. ADDRESS <i>202 Mason Missouri</i> | | 23c. DATE SIGNED <i>7/22/55</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>July-23-1955</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Grand Prairie</i> | |
| 24d. LOCATION (City, town, or county) (State) <i>Cairo Missouri</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Cater Funeral Home Moberly Mo</i> | | | |
| DATE REC'D BY LOCAL REG. <i>7-23-55</i> | | REGISTRAR'S SIGNATURE <i>Sealover</i> | | 1. " | |

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

880

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.....
Signature of Student Embalmer

Signed..... *R. M. Cate*

Licensed Embalmer No. *417*

P. O. Address *Moberly, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.