

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 - 1956

State File No. **40048**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **376**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give town or township) Jefferson City		c. CITY OR TOWN Rural	
c. LENGTH OF STAY (in this place) no time		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 (If not in hospital or institution, give street address or location) Died enroute to St. Mary's Hospital in an ambulance.			
e. STREET ADDRESS Morrison, Mo.,		RFD 0.767	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle)	c. (Last) WOLFE	4. DATE OF DEATH (Month) (Day) (Year)	DEC. 22, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Feb. 15--1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 10 Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (City and State or Foreign Country) H. ope Mo	12. CITIZEN OF WHAT COUNTRY? R.P.D. Usa.
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13a. FATHER'S NAME Nich olas Wolfe	13b. MOTHER'S MAIDEN NAME Bridget McKeon	14. NAME OF HUSBAND OR WIFE never married
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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) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mr John McGuire	ADDRESS Morrison Mo R.D.
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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 2 days 2 5 yrs 1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease.		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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 **Dec. 22, 1955**, to **Dec. 25, 1955**, that I last saw the deceased alive on **Dec. 22, 1955**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. B. Hebler M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 12-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/24/55	24c. NAME OF CEMETERY OR CREMATORY Wolfe Cemetery	24d. LOCATION (City, town, or county) (State) Osage County, Missouri
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DATE REC'D BY LOCAL REG. 23 Dec 1955	REGISTRAR'S SIGNATURE R.P. Davis M.D. - M.R.	25. FUNERAL DIRECTOR'S SIGNATURE Walter M. ...	ADDRESS London Junction, Hope, Hann, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1755

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..... *Herman M. Norton*

Licensed Embalmer No..... *4102*

P. O. Address..... *Levin*

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.