

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JAN 13 1956

State File No. **640**

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>473</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>CHARITON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>CHARITON</u>		b. COUNTY <u>CHARITON</u>	
b. CITY OR TOWN <u>BRUNSWICK</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY OR TOWN <u>BRUNSWICK</u>		d. STREET ADDRESS <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>MARY</u>		b. (Middle) <u>ELLA</u>		c. (Last) <u>WOLFE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-1956</u>	
(Type or Print)							
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>3-23-1891</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BRUNSWICK MO</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH BIXBY</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE KINLEY</u>		14. NAME OF HUSBAND OR WIFE <u>C.E. WOLFE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT WOLFE</u> ADDRESS <u>BRUNSWICK MO</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver-Pancreas</u>				<u>1 yr</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
DUE TO (b) <u>Gallstones-calculi</u>				<u>1 yr</u>			
DUE TO (c) <u>Osteoarthritis Multiple</u>				<u>8 yrs</u>			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Permeous Aneurysm</u>				<u>3 yrs</u>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		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 <u>May 1, 1955</u> , to <u>Jan 8, 1956</u> that I last saw the deceased alive on <u>Jan 1, 1956</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert C. Rice M.D.</u>				23b. ADDRESS <u>Brumswick Mo</u>		23c. DATE SIGNED <u>9 Jan 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>M.T. OLIVE CEM. MARCELLINE</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>1-9-56</u>		REGISTRAR'S SIGNATURE <u>Madred Brum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Marcelle Brumswick</u>		ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*L. McNeill*

Licensed Embalmer No. *823*

P. O. Address

*Brunswick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.