No. 300
10.48

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5215

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 860

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 3 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hosptial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is Residence within limits of a city or incorporated town? Yes XXXX No ☐
e. STREET ADDRESS (If rural, give location): 2406 Vermont

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Jefferson
c. (Last): Wolfe

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 18 1880
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: Good Will Ind.
11. BIRTHPLACE (City and State or Foreign Country): Bloomfield, Ohio
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: William J. Wolfe
13b. MOTHER'S MAIDEN NAME: Mary Eby
14. NAME OF HUSBAND OR WIFE: Alma Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): X X X X
16. SOCIAL SECURITY NO.: 488 16 1064
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Lucille Wallace - 2406 Vermont

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) Subdural Hemorrhage, +
ANTECEDENT CAUSES — DUE TO (b) Contusion of brain,
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Bronchopneumonia
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Healed myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH: 8165 / 26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas city Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 30, 1956 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car was struck by bus

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. C. Kealhofer — GW C Kealhofer Med Deputy Coroner
23b. ADDRESS: 6627 Prospect Scene
23c. DATE SIGNED: 2-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 25 1956
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 2-25-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: FLORAL HILLS MEMORIAL CHAPELS, INC. K.C.MO

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lloyd C. McCord

Licensed Embalmer No. 485

P. O. Address N. 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.