

FILED MAY 4 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

13574
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1611

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (in this place) 35 Yrs.
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1
e. STREET ADDRESS (If rural, give location) 2605 Brighton

3. NAME OF DECEASED
a. (First) Howard b. (Middle) Raymond c. (Last) Wolfe 4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 5 May 1890 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 12 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Plumber 10b. KIND OF BUSINESS OR INDUSTRY Plumbing 11. BIRTHPLACE (City and State or Foreign Country) Unknown, Kansas 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Etta Merritt 14. NAME OF HUSBAND OR WIFE Minnie Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X X X 16. SOCIAL SECURITY NO. 495-10-8635 17. INFORMANT'S SIGNATURE OR NAME Minnie Wolfe ADDRESS 2605 Brighton Brighton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident
INTERVAL BETWEEN ONSET AND DEATH
*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
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 April 11, 1956, to April 13, 1956, that I last saw the deceased alive on April 13, 1956, and that death occurred at 3:15A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) Dr. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 4-13-1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 14 April 1956 24c. NAME OF CEMETERY OR CREMATORY Floral Hills 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 4-13-56 REGISTRAR'S SIGNATURE Meva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels K.C. Mo.

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

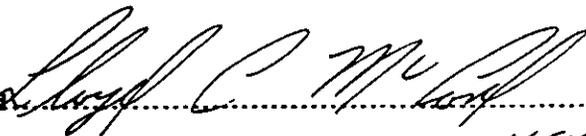
STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. 485.....

P. O. Address K C 7.....

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.