

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

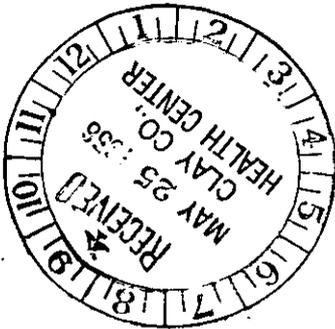
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State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>43</u>					
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>							
b. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>HARDIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ISLEY BLVD. in AMBULANCE</u>				e. STREET ADDRESS (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>EDWARD</u>			b. (Middle) <u>LEWIS</u>					
			c. (Last) <u>WOLFE</u>			4. DATE OF DEATH <u>MAY 10, 1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>OCT. 28, 1885</u>					
						9. AGE (In years) <u>70</u>					
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>					
						11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON COUNTY, ILL.</u>					
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>CHARLES WOLFE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ?</u>			14. NAME OF HUSBAND OR WIFE <u>RODIE PEARL WOLFE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>500-89-6213</u>			17. INFORMANT'S SIGNATURE OR NAME <u>EDMUND WOLFE</u> ADDRESS <u>HARDIN, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5:30 AM</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>							
				ANTECEDENT CAUSES							
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <input type="checkbox"/> NO <input checked="" 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) _____		4201					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 10, 1956</u> , to <u>May 10, 1956</u> , that I last saw the deceased alive on <u>May 10, 1956</u> , and that death occurred at <u>2:00 P. M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Thomas B. Coody M. A.</u>				23b. ADDRESS <u>Richmond Missouri</u>				23c. DATE SIGNED <u>May 13, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HARDIN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HARDIN Mo.</u>					
DATE REC'D BY LOCAL REG. <u>5/14/56</u>		REGISTRAR'S SIGNATURE <u>Barolene Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>August Bouchard</u>		ADDRESS <u>Hardin Mo.</u>					

(Licensed Emballer's Statement on Reverse Side)

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



AUG 9 1956

### 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. 4678

P. O. Address *Harding, Va.*

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.