

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26497

State File No.

FILED SEP 7 1956

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>RURAL - BOEUF</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Berger</u>	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 <u>Highway 100 Accident</u>		STREET ADDRESS (If rural, give location) <u>1/4 mi W of Berger</u> <u>036th</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Raymond</u>	b. (Middle) <u>DAN</u>	c. (Last) <u>WOLTE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>10-27-1931</u>	9. AGE (in years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CANNAS Plant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Berger MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arthur Wolte</u>	13b. MOTHER'S NAME <u>Elizabeth</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>488342612</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Wolte</u>	ADDRESS <u>Berger MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>fractured neck & skull</u> DUE TO (c) <u>Internal Injuries & right fractured leg</u>		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 100</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Berger Franklin MO</u>
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21d. TIME OF INJURY (month) (Day) (Year) (Hour) <u>Sept 4, 1956</u> m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost Control of Car</u>
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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 1004 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ornst L. Oltmann coroner</u>	23b. ADDRESS <u>Berger, Mo.</u>	23c. DATE SIGNED <u>Sept 4, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>BERGER, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9/7/56</u>	REGISTRAR'S SIGNATURE <u>Nelle Murphy</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Blumer</u>	ADDRESS <u>Berger MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

501

1951

APR 28 1958

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..... Robert M. Murray

Licensed Embalmer No. 37/49

P. O. Address St. Louis

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.