

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38324
STATE FILE NUMBER
4915

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Length of stay in hospital 36yrs		d. STREET ADDRESS 2802 E 12th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mable Middle Irene Last Wolfe				4. DATE OF DEATH Month Nov. Day 13, Year 1956.				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Feb. 28, 1902		9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Madison S.D.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George A. Gyles				14. MOTHER'S MAIDEN NAME Mary Smith				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 495-07-4182		17. INFORMANT Emma Colbert 6125 Grandview Merriam Kansas			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Regeneration Coronary Arteriosclerosis Conditions, if any, which gave rise to above cause: (a) } DUE TO (b) stating the underlying cause last. } DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 2 wks. 2 wks. 420'	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY. Hour <input type="checkbox"/> Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Oct. 22, 1956 to Nov. 13, 1956 and last saw her ^{him} alive on Nov. 13, 1956 Death occurred at 6 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) John K. Caldwell, MD.				22b. ADDRESS Kansas City, Mo.		22c. DATE SIGNED 11-14-56		
23a. BURIAL, CREMATION, OR OTHER (Specify)		23b. DATE Nov. 16, 1956	23c. NAME OF CEMETERY OR CREMATORY Highland Park		23d. LOCATION (City, town, or county) Kansas City Kansas		(State)	
24. FUNERAL DIRECTOR Mrs. C.L. Forster Funeral Home Kansas City Mo.				25. DATE RECD. BY LOCAL REG. 11-15-56		26. REGISTRAR'S SIGNATURE Neva Minshall		

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms with or without. - All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John K. Caldwell

Dr. J. K. Caldwell
Argyle Bldg.
HA 1-1454

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 *John V. Kenrick*.....
Licensed Embalmer No. *418*
P. O. Address *J. C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.