

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1957

STATISTICAL NUMBER 021705  
REGISTRATION DISTRICT NO. 175  
PRIMARY REGISTRATION DISTRICT NO. 3036  
REGISTRAR'S NO. 23

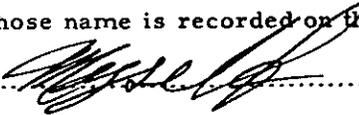
1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>AURORA</b>		c. CITY OR TOWN <b>AURORA</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>520 N. McNATT</b>		d. STREET ADDRESS (If outside, give location) <b>520 N. McNATT</b>	
3. NAME OF DECEASED (Type or print) First <b>PETER</b> Middle <b>WOLFINBARGER</b> Last <b>WOLFINBARGER</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>7</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 17, 1899</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>	11. BIRTHPLACE (City and state or country) <b>AURORA, MO.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LEAD &amp; ZINC</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John WolfInbarger</b>		14. MOTHER'S MAIDEN NAME <b>Myra Shockley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>500-07-4688</b>	17. INFORMANT Address <b>SUSIE WOLFINBARGER, AURORA</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis with Ventricular Fibrillation</b> DUE TO (b) <b>Chronic Myocarditis due to Coronary Sclerosis</b> DUE TO (c) <b>4201</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Generalized arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Four Months</b> <b>2 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 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 <b>July 11 1956</b> to <b>June 7 1957</b> and last saw <del>her</del> <b>him</b> alive on <b>June 7, 1957</b> Death occurred at <b>10:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James L. Kelsey M.D.</b>		22b. ADDRESS <b>Aurora, Mo.</b>	
22c. DATE SIGNED <b>6/10/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-10-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>	23d. LOCATION (City, town, or county) (State) <b>AURORA, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Ben L. Harsch</b>		25. DATE RECD. BY LOCAL REG. <b>6/10/57</b>	26. REGISTRAR'S SIGNATURE <b>Ora McNatt</b>

(Licensed Embalmer's Statement on Reverse Side)

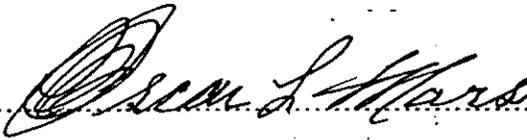
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 19 1957  
AUG 25 1957

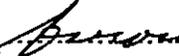
STATEMENT BY LICENSED EMBALMER

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. 38

P. O. Address 

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.