FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25282
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5767 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Hosp. Length of stay in 1b 80 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren
c. CITY OR TOWN Warrenton, Route 2 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Camp Branch Twp. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ralph Middle R. Last Wolff
4. DATE OF DEATH Month July Day 13 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 18, 1908
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) St. Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Wolff
14. MOTHER'S MAIDEN NAME Matilda Halbach
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 492-09-1127
17. INFORMANT Address Mrs. Ralph Wolff, Warrenton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA, BRONCHOGENIC, C METASTASES — INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 162X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 DEC. 30, 1956 to JULY 13, 1957 and last saw ~~him~~ him alive on JULY 13, 1957
Death occurred at 120 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul T. Berry MD. (Degree or title)
22b. ADDRESS Troy, Mo.
22c. DATE SIGNED 7-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 15, '57
23c. NAME OF CEMETERY OR CREMATORY Hawk Point Cemetery
23d. LOCATION (City, town, or county) (State) Hawk Point, Mo.

24. FUNERAL DIRECTOR ADDRESS F.W.Nieburg & Co. Warrenton, Mo.
25. DATE RECD. BY LOCAL REG. 7-22-1957
26. REGISTRAR'S SIGNATURE Emma B. Riddle

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 31 1957

AUG 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John E. Herlinger

Licensed Embalmer No. 44

P. O. Address Warrent

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.