

FILED AUG 13 1957

## STANDARD CERTIFICATE OF DEATH

25719  
STATE FILE NUMBERRegistration District No. 282 Primary Registration District No. 5968 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>POLK</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HALFWAY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>HALFWAY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESIDENCE</u>		Length of stay in lb <u>LIFE</u>	d. STREET ADDRESS (If outside, give location) <u>R. F. D.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>BERT</u> Middle <u>J.</u> Last <u>WOLFE</u>			4. DATE OF DEATH Month <u>AUG.</u> Day <u>5</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 24, 1871</u>		9. AGE (In years and birth day) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>PAINTING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (City and state or country) <u>DALLAS COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>US A</u>
13a. FATHER'S NAME <u>JOHN WOLFE</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY COURTNEY</u>		14. NAME OF HUSBAND OR WIFE <u>ONIA WOLFE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT Address <u>R. B. WOLFE OF BUFFALO, MISSOURI</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia (Com)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chr. Prostatism</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>?</u>
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 _____ to _____ and last saw him alive on _____ Death occurred at <u>1:30</u> on <u>8-5-57</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. B. Wolffe</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Buffalo, Mo</u>		22c. DATE SIGNED <u>8-7-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>8/5/1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PRARIE GROVE</u>	
		23d. LOCATION (City, town, or county) (State) <u>DALLAS COUNTY, MISSOURI</u>			
24. FUNERAL DIRECTOR <u>JONES of BUFFALO, MISSOURI</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Aug 10, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 GENE C. HUNTER  
*Gene C. Hunter*

Licensed Embalmer No. 4739  
BUFFALO, MISS  
P. O. Address .....

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.