

FILED AUG 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57. 027421  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Wheaton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 da</u>		e. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Wolzenbarger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14-1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan-21-1916</u>
9. AGE (In years) last birthday <u>41</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store manager</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Bryan Wolzenbarger</u>	
13b. MOTHER'S MAIDEN NAME <u>Pearl Shewmake</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>488-16-12957</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bryan Wolzenbarger</u>		ADDRESS <u>Wheaton Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unabridged aortic atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of Cerebral vessels</u> DUE TO (c) _____ 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"/> <u>153x</u>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 25, 1956</u> , <u>Aug 14, 1957</u> , that I last saw the deceased alive on <u>Aug 13, 1957</u> , and that death occurred at <u>7:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert M. Wodley M.D.</u> (Degree or title)		23b. ADDRESS <u>Monett Mo.</u>	
23c. DATE SIGNED <u>Aug 14, 57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug-16-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>	
24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort - Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home - Wheaton Mo.</u>	
25. ADDRESS _____		DATE REC'D BY LOCAL REG. <u>8-17-57</u>	
REGISTRAR'S SIGNATURE <u>Miss M. O. ...</u>		_____	

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

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 857-146

DATE REC. 8-19-57

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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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville

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.