

FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41568**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 276		
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place) 75 yrs		c. CITY OR TOWN Moberly		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Hospital				e. STREET ADDRESS (If rural, give location) 211 West Logan Street				
3. NAME OF DECEASED (Type or Print) a. (First) Maniord		b. (Middle) Eugene		c. (Last) Wolf		4. DATE OF DEATH (Month) (Day) (Year) 11/16/57		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3/14/1880		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad brakeman			10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.			11. BIRTHPLACE (City and State or Foreign Country) Randolph County Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John Marshall Wolf		13b. MOTHER'S MAIDEN NAME Vinnie Lester		14. NAME OF HUSBAND OR WIFE May Wolf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or date of service) Spanish Am.			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME May Wolf ADDRESS Moberly Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis and Cerebral Hemorrhage.		ANTECEDENT CAUSES					Hrs. _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					Years _____	
DUE TO (c) Arteriosclerotic Heart Disease		II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus					Years _____	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		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) 4200		
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 Nov 14, 1957 , to Nov 16, 1957 that I last saw the deceased alive on Nov 16, 1957 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE W. Mc Murtry M.D. (Degree or title)				23b. ADDRESS Wabash Hospital		23c. DATE SIGNED 11/18/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/19/57		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly Missouri		
DATE REC'D BY LOCAL REG. 11/19/57		REGISTRAR'S SIGNATURE Richard Love		EMERALD DIRECTOR'S SIGNATURE John E. Miller ADDRESS Moberly, Mo.				

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

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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 *Richard L. Rogers*.....

Licensed Embalmer No. *4957*.....

P. O. Address *Mobile, Ala.*.....

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.