

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005967
STATE FILE NUMBER 925

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

800
57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in "Unk"	d. STREET ADDRESS (If outside, give location) 2225 1/2 Holmes Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle A. Last Wolfe			4. DATE OF DEATH Month 2 Day 17 Year 1958		
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-21-1910	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) "Unk"	10b. KIND OF BUSINESS OR INDUSTRY "Unk"	11. BIRTHPLACE (City and state or country) New Haven W. Va	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Wolfe Sr	13b. MOTHER'S MAIDEN NAME Flora Durst	14. NAME OF HUSBAND OR WIFE Unkown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. "Unk"	17. INFORMANT Record Clerk: K.C. Gen. Hosp. #1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic heart disease		INTERVAL BETWEEN ONSET AND DEATH 416K
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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 <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 _____ 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
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21. I attended the deceased from **Feb. 11, 1958** to **Feb. 17, 1958** and last saw ^{him} alive on **Feb. 17, 1958**
Death occurred at **12 : 03 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 2-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-17-58	23c. NAME OF CEMETERY OR CREMATORY Dunbar Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, W. V.
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24. FUNERAL DIRECTOR Weiler's: 6900 Transit: K.C. Mo.	25. DATE RECD. BY LOCAL REG. 2-20-58	26. REGISTRAR'S SIGNATURE neva menshall
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. BUTTS



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 *B. E. Willet*

Licensed Embalmer No. *4075*
P. O. Address *L. C. S. Mo*

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.