

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010285
STATE FILE NUMBER
1088

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1088

300
-57

Health,
Welfare
Public
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. R. Becker

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 4506 Madison		Length of stay in lb 42 yrs.	d. STREET ADDRESS (If outside, give location) 4506 Madison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Scott Last Wolff			4. DATE OF DEATH Month Feb. Day 27 Year 1958
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1878
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dental	11. BIRTHPLACE (City and state or country) Greensburg, Penn
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew S. Wolff	
13b. MOTHER'S MAIDEN NAME Satia Young		14. NAME OF HUSBAND OR WIFE Antonette Wolff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) Yes. Span. American		16. SOCIAL SECURITY NO. 487-44-0366	17. INFORMANT Mrs. Antonette Wolff 4506 Madison
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4506
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular spasm 1/15/58 recurrence			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	
21. I attended the deceased from June 26, 1956 to Feb. 27, 1958 and last saw ^{him} alive on 2/26/58 Death occurred at 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. R. Becker (Degree or title) D		22b. ADDRESS 4000 Baltimore St. C. Hill, Mo	
22c. DATE SIGNED 2/28/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial		23b. DATE Mar. 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Gamble Cemetery
23d. LOCATION (City, town, or county) (State) Festus, Missouri			
24. FUNERAL DIRECTOR Muehlebach Funeral Home		ADDRESS 6800 Troost	25. DATE RECD. BY LOCAL REG. 2-28-58
26. REGISTRAR'S SIGNATURE Neva Minshall			

*Dr Becker
4000
Dakota*



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 *J. T. Crowell*

Licensed Embalmer No. *4904*

P. O. Address *K.P. 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.