

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017607
State File No.

FILED MAY 10 1958

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 36

0020

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town) Excelsior Springs	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Excelsior Springs	d. Is residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital		e. STREET ADDRESS (If rural, give location) 120 North Kimball	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Edward	c. (Last) Wolverton	4. DATE OF DEATH (Month) (Day) (Year) April, 28, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 17, 1952	9. AGE (In years last birthday) 5	10. IF UNDER 1 YEAR 9 Months	11. IF UNDER 4 HRS. 11 Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Wolverton	13b. MOTHER'S MAIDEN NAME Rosa June Homan	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Joseph Wolverton	ADDRESS 120 N. Kimball Ex
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH None
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia (Rt. popliteal vein)		None
	DUE TO (c) Past operative complication T&A		7 days
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 T & A - Normal Procedure 4/22/58	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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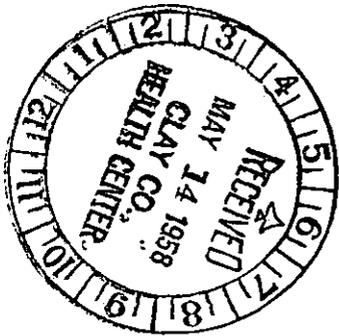
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-15, 1958, to 4-28, 1958, that I last saw the deceased alive on 4-28, 1958, and that death occurred at 7:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE Dwight B. Johnson M.D.	(Degree or title)	23b. ADDRESS Excelsior Springs, Mo	23c. DATE SIGNED 4/28 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 30/58	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. 4/28/58	REGISTRAR'S SIGNATURE Baroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Ex. Spgs MO
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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 *Chas. Virgil Hoyle*.....
Licensed Embalmer No. *3950*
P. O. Address *Gelesior, Ia*

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.