

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017910

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 517

300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk		
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bolivar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns. Hosp.		Length of stay in 1b 3 Weeks	d. STREET ADDRESS 515 N. Water		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alberta Middle (None) Last Wolf			4. DATE OF DEATH Month May Day 17 Year 1958		
5. SEX Female	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 July 18, 1919		9. AGE (In years last birthday) 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Clerk		10b. KIND OF BUSINESS OR INDUSTRY Clerk	11. BIRTHPLACE (City and state or country) Bolivar, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Albert F. Tummons		13b. MOTHER'S MAIDEN NAME Erma Nettie Russell		14. NAME OF HUSBAND OR WIFE Lester O. Wolf	
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. 494188250	17. INFORMANT Address Lester Wolf, Bolivar, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute infectious Hepatitis					INTERVAL BETWEEN ONSET AND DEATH 6 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					092X
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 April - 14 - 1958 to May 17 - 1958 and last saw her ^{him} alive on May 16 - 1958 Death occurred at 4:00A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Sacred Heart</i>		(Degree or title) M.D. 0		22b. ADDRESS 689 Cherry St Springfield - Mo -	
22c. DATE SIGNED 5-20-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 20, 1958		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) (State) Bolivar, Mo.					
24. FUNERAL DIRECTOR Erwin Funeral Home , Bolivar , Mo.			25. DATE RECD. BY LOCAL REG. 10. 5-22-58		26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>

MAY 28 1958

VS. APR 1 1959

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 *Marshall C. Blackwell*

Licensed Embalmer No. *4713*
P. O. Address *Bohivar,*

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.