

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019145
State File No.

BIRTH REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Merrieville</u> c. LENGTH OF STAY (in this place) <u>8 weeks</u>		c. CITY OR TOWN <u>Burlington Jct</u> 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 <u>St. Francis Hosp</u>		f. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>WOLFERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 18 1879</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PICKERING MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>CHARLES A WOLFERS</u>			13b. MOTHER'S MAIDEN NAME <u>ENIZA CRANDALL</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS T. A. CORKEN</u> ADDRESS <u>BURLINGTON JCT MO</u>			

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast metastatic</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left breast</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 1953, 1953, to 5/15, 1958, that I last saw the deceased alive on 5/15, 1958 and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. F. Blend</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Manville MO</u>	23c. DATE SIGNED <u>5/23/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 19 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hopkins MO</u>
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DATE REC'D BY LOCAL REG. <u>5-24-58</u>	REGISTRAR'S SIGNATURE <u>Beas Bolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Burl Jct MO</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS APR 21 1980

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.....

Licensed Embalmer No. 296

P. O. Address Burl Jett

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.