

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033568

STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tipton		c. CITY OR TOWN Tipton 0680	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION East Moniteau St.		d. STREET ADDRESS (If outside, give location) East Moniteau Street	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS F. WOLF		4. DATE OF DEATH Month Day Year September 5, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 18, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Tipton, Missouri
13a. FATHER'S NAME Valentine Wolf		13b. MOTHER'S MAIDEN NAME Spots	14. NAME OF HUSBAND OR WIFE Mary Wolf (deceased)
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. None	17. INFORMANT Address Mrs. Geneva Hartman (daughter) Tipton, 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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 Day
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) 331X			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> 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 7 P. 1947 to Sept. 5, 1958 and last saw ^{him} alive on Sept. 5, 1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. J. A. Schubert M.D. - 2		22b. ADDRESS Tipton Mo	
		22c. DATE SIGNED 8-6-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 8, 1958	
23c. NAME OF CEMETERY OR CREMATORY St. Andrews Cemetery		23d. LOCATION (City, town, or county) (State) Tipton, Missouri	
24. FUNERAL DIRECTOR Jamee E. Richards Tipton Mo		25. DATE RECD. BY LOCAL REG. Sept. 10, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Maude Hudson			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Jessie E. Richards*

Licensed Embalmer No. *3466*

P. O. Address *Lipton, W*

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.