

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004242
STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 4

300
-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada 1082 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 922 E. Wooter		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 922 E. Wooter Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ledford Middle Matthew Last Wolfenbarger			4. DATE OF DEATH Month January Day 6 Year 1959
5. SEX M	6. COLOR OR RACE wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY retired	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11a. FATHER'S NAME unknown		11b. MOTHER'S MAIDEN NAME Mary Ison	11c. NAME OF HUSBAND OR WIFE Nellie Wolfenbarger
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. 491-12-4331	17. INFORMANT Address Nellie Wolfenbarger, Nevada, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis			Unknown
DUE TO (c) Generalized arteriosclerosis			Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent stroke - September 24, 1958.			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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 22, 1953 to Jan. 6, 1959 and last saw ^{him} him alive on Jan. 5, 1959 Death occurred at Nevada, Mo. 6:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. P. McCann</i> L. P. McCann, M.D.		22b. ADDRESS Moore Building, Nevada, Mo.	22c. DATE SIGNED 1-8-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-8-59	23c. NAME OF CEMETERY OR CREMATORY Olive Branch, Cemetery	23d. LOCATION (City, town, or county) (State) Vernon County, Missouri
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home, Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 1-12-1959	26. REGISTRAR'S SIGNATURE <i>Anna E. Jarry</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *[Handwritten Signature]*

Licensed Embalmer No. *4960*

P. O. Address *[Handwritten Address]*

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.