

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008195

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6227 Registrar's No. 35

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| 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 Deerfield Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Nevada |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Drywood, Hwy. 54 | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 908 South Tower |
| 3. NAME OF DECEASED (Type or print) First Middle Last Earl Wolfe | | | 4. DATE OF DEATH Month Day Year January 31 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 May 15, 1924 |
| 9. AGE (In years last birthday) 34 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction engineer | 11. BIRTHPLACE (City and state or country) Deerfield Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Elmer Wolfe | 14. NAME OF HUSBAND OR WIFE Virginia Wolfe |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | | 16. SOCIAL SECURITY NO. 495-30-6717 | 17. INFORMANT Mrs. Virginia Wolfe |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Drowning</i> DUE TO (b) <i>Possible fracture neck.</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Auto was completely submerged under water with body in car</i> | | | INTERVAL BETWEEN ONSET AND DEATH ? |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) <i>Auto went out of control and down river bank.</i> | | | |
| 20c. TIME OF INJURY 4:30 p.m. 1 31-59 | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>54 Hwy. W. y. Nevada Little Drywood River</i> | |
| 20e. CITY, TOWN, OR LOCATION Vernon | | 20f. COUNTY STATE Vernon Mo. | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Edith M. Porter</i> | | 22b. ADDRESS <i>Carson 3 9 woods - 720</i> | |
| 22c. DATE SIGNED <i>2/4/59</i> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1959 February 3 | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | 23d. LOCATION (City, town, or county) (State) Nevada Missouri |
| 24. FUNERAL DIRECTOR Ferry Funeral Home | | 25. DATE RECD. BY LOCAL REG. 2-14-1959 | 26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DOCTOR, CHAIRMAN, ETC.: must use only standard nomenclature in item 18. No symptoms will be listed. 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 *L. Douglas Perry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada*

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.