URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010040

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 388

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 71 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1007 Main St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Paul Middle H. Last Wolff

4. DATE OF DEATH Month March Day 26, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov.17,1871
9. AGE (last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner
10b. KIND OF BUSINESS OR INDUSTRY St.Joseph Art Glass Works.
11. BIRTHPLACE (City and state or country) Germany. Stuttgart, Wurtenberg.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Simeon Wolff
13b. MOTHER'S MAIDEN NAME Sophia Pfleider
14. NAME OF HUSBAND OR WIFE Emma Pauline Wolff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-36-4134
17. INFORMANT Mrs. Emma P. Wolff Address St.Joseph, 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) Anasarca — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Nephritis c edema ?
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 25, 1960 to March 26, 1960 and last saw ~~her~~ him alive on March 26, 1960
Death occurred at 11:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S.E. Senor M.D.
22b. ADDRESS St. Joseph Mo
22c. DATE SIGNED 3-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment
23b. DATE Mar.28,1960
23c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

24. FUNERAL DIRECTOR Meierhoffer Filsemann Inc. by [illegible] ADDRESS St.Joseph, Mo
25. DATE RECD. BY LOCAL REG. Mar. 29 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Robert P. Harrington

Signature of Student Embalmer

Licensed Embalmer No. 3258

P. O. Address H. Wolf

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.