

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042513

FILED VS NOV 29 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 566

STATE FILE NUMBER

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jasper</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>                     |  | Length of stay in 1b OR <b>Lifetime</b>  | c. CITY OR TOWN <b>Joplin</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hospital</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>2902 Joplin St.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <b>Linda</b> Middle <b>Diane</b> Last <b>Wolfe</b> |  |  | 4. DATE OF DEATH Month <b>November</b> Day <b>11</b> , Year <b>1960</b> |  |  |
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|-----------------|---------------------------|--|-----------------------------------|---------------------------------|---|---|
| 5. SEX <b>F</b> | 6. COLOR OR RACE <b>W</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>8-28-1953</b> | 9. AGE (last birthday) <b>7</b> | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <b>Joplin, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
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| 13a. FATHER'S NAME <b>Frederick Wolfe</b> | 13b. MOTHER'S MAIDEN NAME <b>Wanda Colson</b> | 14. NAME OF HUSBAND OR WIFE <b>---</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Child</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT Address <b>Frederick Wolfe, 2902 Joplin St.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: |            | INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b> |
| IMMEDIATE CAUSE (a) <b>Compound fracture of skull with brain laceration</b>                           | DUE TO (b) |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) |            |  |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <b>This child was in pick up truck driven by her grandmother who ignored or did not see flashing signals or hear the caution bells ringing at railroad crossing on East 15th St. Joplin Mo. passed car which was awaiting oncoming train and collided with causing injuries which resulted in death.</b> |
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| 20c. TIME OF INJURY Hour <b>4:35</b> p.m. Month, Day, Year | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Railroad section East 15th St.</b> |
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| 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Railroad section East 15th St.</b> | 20e. PLACE OF DEATH (City, town, or county) <b>Joplin, Mo.</b> | 20f. DATE OF DEATH (Month, day, year) <b>11-15-60</b> |
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| 21. I attended the deceased from <b>DID NOT ATTEND</b> and last saw her/him alive on _____ | Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <b>Wanda Colson - former Jasper Co. Jail at Bldg Jp</b> | 22b. ADDRESS | 22c. DATE SIGNED <b>11-15-60</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 23b. DATE <b>11-12-60</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park</b> | 23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b> |
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| 24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b> | 25. DATE RECD. BY LOCAL REG. <b>11-23-1960</b> | 26. REGISTRAR'S SIGNATURE <b>Noel Merriano</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

Signature of Student Embalmer

Signed

*Harvey B. Oliver*

Licensed Embalmer No. 446

P. O. Address Japan 11

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.