

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042765

S NOV 3 0 1960

INDEXED

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 176 STATE FILE NUMBER _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LaPlata</u>	Length of stay in 1b <u>15 yrs.</u>	c. CITY OR TOWN <u>LaPlata</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>--</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>--</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Warren</u> Last <u>Wolf</u>			4. DATE OF DEATH Month <u>11</u> Day <u>20</u> Year <u>1960</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-2-1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Vinton, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Jacob I. Wolf</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Isley Wolf</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Wallace</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>Clarence Wolf, R. R. 1 LaPlata</u>
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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: IMMEDIATE CAUSE (a) <u>Concussion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fractured Skull</u>	
	DUE TO (c) <u>Auto Accident</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture 3, 4 & 5th Cerv. Vert.</u>		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 type="checkbox"/> NO <input checked="" 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.) <u>Auto Accident</u>
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20c. TIME OF INJURY <u>App. 8</u> Hour <u>11/20/1960</u> Month, Day, Year	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.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>LaPlata</u>	COUNTY <u>Macon</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>App. 8:00 A</u> m 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) <u>Bester Hutton, Coroner, Macon, Mo.</u>	22b. ADDRESS <u>Macon, Mo.</u>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-22-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LaPlata</u>	23d. LOCATION (City, town, or county) (State) <u>LaPlata Mo</u>
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24. FUNERAL DIRECTOR <u>Ralph E. Pollock, LaPlata, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11/26/60</u>	26. REGISTRAR'S SIGNATURE <u>Walter McNeely</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Wipe Callen

Licensed Embalmer No. 2052

P. O. Address South Bay

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.