SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020155
STATE FILE NUMBER

AMENDED

FILED MAY 23 1961

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston, Mo. — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co. Mem. Hospital — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First LOTTIE Middle Last WOLFE
4. DATE OF DEATH: Month May Day 17, Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/20/1886
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months 9 Days 27 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Turley, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Emery Hart
13b. MOTHER'S MAIDEN NAME: Ida Bridges
14. NAME OF HUSBAND OR WIFE: Asberry Wolfe
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.
17. INFORMANT: Asberry Wolfe, Houston, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction (Severe) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic
DUE TO (c) Degenerative Decompensating Valvular Heart Disease Grade III
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
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 Mar 11, 1951 to May 17, 1961 and last saw her/him alive on May 17, 1961
Death occurred at 1:20 A m on the date stated above, and to the best of my knowledge from the causes stated.
22a. SIGNATURE J. Burns, MD (Degree or title)
22b. ADDRESS Houston, Missouri
22c. DATE SIGNED 5/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 5/19/61
23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery
23d. LOCATION (City, town, or county) (State): Turley, Missouri
24. FUNERAL DIRECTOR ADDRESS: Raymond E. Duff, Houston, Mo.
25. DATE RECD. BY LOCAL REG. 5-22-61
26. REGISTRAR'S SIGNATURE Myrtie Craig M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. SHOULD READ — 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Fred W. Barnes

Signature of Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Houston, M

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.