

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020195

STATE FILE NUMBER

Registration District No. 359 Primary Registration District No. 6222 Registrar's No. 7

AMENDED

FILED MAY 23 1961

1. PLACE OF DEATH
 a. COUNTY **Vernon**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Moundville** Length of stay in lb.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **R#1** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Vernon**
 c. CITY OR TOWN **Moundville** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **R#1** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
FRED WOLFE **May 7 1961**

5. SEX **M** 6. COLOR OR RACE **Wh** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-22-1891** 9. AGE (last birthday) **69** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming** 10b. KIND OF BUSINESS OR INDUSTRY **Own farm** 11. BIRTHPLACE (City and state or country) **Moundville, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Emeras Wolfe** 13b. MOTHER'S MAIDEN NAME **Sarah Ellen Chesym** 14. NAME OF HUSBAND OR WIFE **Millie May Wolfe**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Mrs. Millie May Wolfe, Moundville, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Arteriosclerotic heart disease** INTERVAL BETWEEN ONSET AND DEATH **sev. yrs.**
 DUE TO (b) _____
 DUE TO (c) **Disease of the coronary arteries** **sev. yrs.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 **Nov. 8, 1955** to **May 7, 1961** and last saw him alive on **May 6, 1961**
 Death occurred at **4:32 p.m.** on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. Braxton Davis, M.D.** 22b. ADDRESS **Nevada, Mo.** 22c. DATE SIGNED **5-10-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 10, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Newton Burial Park** 23d. LOCATION (City, town, or county) (State) **Nevada Missouri**

24. FUNERAL DIRECTOR ADDRESS **Ferry Funeral Home Nevada, Missouri** 25. DATE RECD. BY LOCAL REG. **May 7 1961** 26. REGISTRAR'S SIGNATURE **Mrs. Ruth G. Smith**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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. Andrew Perry

Licensed Embalmer No. 4960

P. O. Address Newada, Md.

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.