# ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-023357
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5284

FILED JUN 16 1961

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|---|---|
| 1. PLACE OF DEATH a. COUNTY --- | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 5 yr 3 mo | c. CITY OR TOWN Centralia — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Masonic Home of Mo. — Inside Limits Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) Globe Apartments — Reside on Farm Yes ☐ No ☒ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Bessie | Middle | Last Wolf | 4. DATE OF DEATH Month June Day 5, Year 1961 |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH 5/23/86 |
| 9. AGE (last birthday) 75 | 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) --- | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and state or country) Callaway County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S. |
| 13a. FATHER'S NAME John Brooks | 13b. MOTHER'S MAIDEN NAME Laura Duncan | 14. NAME OF HUSBAND OR WIFE George Wolf | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If yes, give war or dates of service) --- | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Masonic Home of Missouri Address Robert G. McAnally Ant Supt | |

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) Carcinoma of the Breast with Metastasis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 170 X

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 3/6/56, to 6/5/61 and last saw her alive on 6/5/61

Death occurred at 10:30 PM 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) Harold E. Walters MD. | 22b. ADDRESS 3720 Washington St Louis | 22c. DATE SIGNED 6-6-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6-8-61 | 23c. NAME OF CEMETERY OR CREMATORY |
| 23d. LOCATION (City, town, or county) (State) Centralia Mo | | |
| 24. FUNERAL DIRECTOR Ballew Fun. Home | ADDRESS Centralia Mo. | 25. DATE RECD. BY LOCAL REG. JUN 6 1961 |
| 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | | |

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

## 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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St. Louis,

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