

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027973

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 242 Primary Registration District No. 4264 Registrar's No: 47

FILED AUG 8 1962

VS 300
Rev. 4/59

1 0730
2 0730
3 1
4 0
5 2
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7 1
8 0
9 606X
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11
12 1-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Newton.		a. STATE Missouri COUNTY Newton.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella.		Length of stay in lb 4 da.	c. CITY OR TOWN Granby
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Beaver Rest Home
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Arch Benjamin Wolgamott		Month Day Year 7-13-1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-31-1884
		9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Illinois State.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James Wolgamott	
13b. MOTHER'S MAIDEN NAME Mary Ann Tubbs		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Walter Wolgamott-Granby, Mo.
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Uremia			6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) C. V. A.			
DUE TO (c) Paralysis of Bladder			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 7/9/62 to 7/13/62 and last saw her him alive on 7/13/62			
Death occurred at 3:27 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>A.D. Juntunen M.D.</i>		22b. ADDRESS <i>Mo. Mo</i>	22c. DATE SIGNED 7/17/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-15-62	23c. NAME OF CEMETERY OR CREMATORY Dice Cemetery	23d. LOCATION (City, town, or county) (State) Fairview, Missouri
24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home-Granby, Mo.		25. DATE RECD. BY LOCAL REG. 7-21-62	26. REGISTRAR'S SIGNATURE <i>Medred Moberly</i>

Delivered to Doctor 7-15-62 M. M.

Delivered to Registrar _____.

VS AUG 1 0 1962

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 Floyd E. Stenmark

Licensed Embalmer No. 4923

P. O. Address Box 218 Granby Missouri

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.