

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 27 1955

State File No. 25008

BIRTH NO. REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6134 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <b>SHANNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SHANNON</b>	
b. CITY (If outside corporate limits, give RURAL and give (to nearest)) <b>Low WASSIE</b>		c. CITY OR TOWN <b>Low WASSIE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>4 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>START (WINONIA) 1010</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Gen Deluory</b>			

3. NAME OF DECEASED (Type or Print) <b>MINNIE</b>	a. (First)	b. (Middle)	c. (Last) <b>WOLFE</b>	4. DATE OF DEATH <b>July 16 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 11, 1881</b>	9. AGE (In years last birthday) <b>73</b>	if UNDER 1 YEAR Months <b>11</b> Days <b>5</b>	if UNDER 24 HRS. Hours <b>5</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Rolla Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EARTHA D COCHRAN, Rt. Winona</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC INTERSTITIAL NEPHRITIS</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHRONIC MYOCARDITIS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 7, 1955** to **July 12, 1955**, that I last saw the deceased alive on **July 12, 1955**, and that death occurred at **6:45 PM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. D. Ballin M.D.</b>	23b. ADDRESS <b>921 Winona MO</b>	23c. DATE SIGNED <b>7/18-55</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-18-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VAN BUREN Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Van Buren MO</b>
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DATE REC'D BY LOCAL REG. <b>7-25-55</b>	REGISTRAR'S SIGNATURE <b>Madeline Ballin</b>	447-	25. FUNERAL DIRECTOR'S SIGNATURE <b>Coleman M. Spollen</b>	ADDRESS <b>Van Buren MO</b>
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(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 26 1950

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..

*Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed *Allen C. [Signature]*.....

Licensed Embalmer No. *454*.....

P. O. Address *Van Buren*.....

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.