

FILED SEP 1 1971

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

CERTIFICATE OF DEATH

124-71 0032859

Registration District No. 257 Primary Registration District No. 4288 Registrar's No. 26

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Wilhelmina Marie Wolz			2. F	3. August 28, 1971		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. W		5a. 81	5b. No	5c. No	6. July 4, 1890	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. Chambers, Mo			7c. No	7b. Usage		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. USA		10. EW		11. NONE
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 488-42-8512D		13a. Housewife		13b.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. MISSOURI		14b. COLE	14c. JEFFERSON CITY		14d.	14e.
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. John Boss			16. Albertina Gerritsen			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Herbert Wolz			17b. Chamois, Missouri 65024			
PART I. DEATH WAS CAUSED BY:			(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			(a) Massive Coronary Occlusion			1-5 min.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			(b) Generalized Arteriosclerosis			20yrs.
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. No					19a. No	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS			
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. after death	07 Aug. 28, 1971	21b.	May 1959	21d. did	21c. 2:35p	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	YEAR	HOUR
22a.			M.	22b.	YEAR	M.
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. F.B. Farnsworth, D.O.			23b. F.B. Farnsworth, D.O.		23c. Aug. 29, 1971	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23d. P.O. Box 158 Chamois Missouri 65024						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE				
24a. Burial	24b. St. Marys Catholic	24c. Chamois, Missouri				
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Aug. 31, 1971	25a. Meyer Funeral Home, Chamois, Mo. 65024					
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR				
25b. Harold W. Fledermith	26a. Mrs. Clyde Norton	26b. 8-30-1971				

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1

10a. 81

10b. 90

11. 0

12. 2

13. 4109

14.

15. 4

16.

17.

18. 2

19. CREDITS

20. 1-0

DECEASED

6-0260

SEP 10 1971

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 *Allego B. Greene*
Licensed Embalmer No. 3160
P. O. Address Hermann, Mo

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.