RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 20 1960 — Registration District No. 77 — Primary Registration District No. 3016 — Registrar's No. 12

-60-000800 STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City
Length of stay in 1b: 15 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Charles E. Still Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Osage
c. CITY OR TOWN: Chamois — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: Jacob Last: Wolz

4. DATE OF DEATH: Month: Jan. Day: 14, Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: May 9, 1890

9. AGE (last birthday): 69

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): Farming

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (City and state or country): Morrison, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Wolz

13b. MOTHER'S MAIDEN NAME: Mary Hennenberger

14. NAME OF HUSBAND OR WIFE: Minnie Wolz

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.: 488 42 8512

17. INFORMANT: Herbert Wolz — Address: Chamois, Mo.

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): Myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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 12/10/59, to 1/14/60 and last saw her/him alive on 1/14/60
Death occurred at 7:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. L. Michael DO

22b. ADDRESS: Jefferson City

22c. DATE SIGNED: 1/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan 18, 1960

23c. NAME OF CEMETERY OR CREMATORY: Catholic Parrish Cemetery

23d. LOCATION (City, town, or county) (State): Chamois, Mo.

24. FUNERAL DIRECTOR: Clyde Morton — ADDRESS: Linn, Mo.

25. DATE RECD. BY LOCAL REG.: 15 January 1960

26. REGISTRAR'S SIGNATURE: R. P. Harris MD Richter Dep

BY AFFIDAVIT OF

DOCUMENT

(Licensed Embalmer's statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Vernon M. Morton

Signature of Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lenin

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