

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16185

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	c. LENGTH OF STAY (in this place) —	c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	d. STREET ADDRESS (If rural, give location) <u>211 K.C. Ave</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 Kansas City Ave</u>		d. STREET ADDRESS (If rural, give location) <u>211 K.C. Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>WHOLF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 25-1874</u>
9. AGE (In years last birthday) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Miner</u>
11. BIRTHPLACE (State or foreign country) <u>Ray Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Wholf</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Tenevater</u>	
14. NAME OF HUSBAND OR WIFE <u>Helena Wholf</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Vane Dyke Ex. Springs Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obliterated valves of heart by calcification</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis; senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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)	
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?		22. I hereby certify that I attended the deceased from <u>2/17/50</u> , 19 <u>50</u> to <u>5/3/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/3/50</u> , 19 <u>50</u> , and that death occurred at <u>8:15</u> m. from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. M. C. ...</u>		23b. ADDRESS <u>M. D. Excelsior Springs, Mo.</u>	
23c. DATE SIGNED <u>5/5/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/4/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riffe Cemetery near, O'Fallon Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Caroline Hutchings</u>	
DATE REC'D BY LOCAL REG. <u>5/5/50</u>		REGISTERAR'S SIGNATURE <u>Caroline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Jewell Home Ex. Springs Mo</u>		ADDRESS <u>Excelsior Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 15
District Health Officer No. 8,
District File Number.....
Date Filed 5/16/50

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
Student Embalmer

Signed

James A. Moles

Licensed Embalmer No. 3296

P. O. Address

El Springs

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 this body is not embalmed, fact should be so stated above.