

FILED JUL 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23810

BIRTH NO. _____ REG. DIST. NO. 205 PRIMARY REG. DIST. NO. 4342 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Jonesburg</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Jonesburg 0700</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (In this place) <u>16 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>CAMERON</u> b. (Middle) <u>Julius</u> c. (Last) <u>Woolfolk</u>			4. DATE OF DEATH <u>July 19 1951</u> <small>(Month) (Day) (Year)</small>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Color</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 25 1916</u>	9. AGE (In years last birthday) <u>35</u>	<small>MONTHS DAYS HOURS MIN.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis County Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Father Woolfolk</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Woolfolk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <small>(If yes, give war or dates of service)</small> <u>Jan to April 1942</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Opal Woolfolk Jonesburg Mo</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral & Fractured Skull</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small>		
	DUE TO (b) <u>Beung Hit By Train</u> DUE TO (c) <u>Small severed legs, Broken arm</u>		
II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>WABASH RR.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jonesburg Montgomery MO</u>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>UNKNOWN</u>	

22. I hereby certify that I attended the deceased from 19 July 1951, to _____, 19____, that ~~first~~ first ~~was~~ the deceased was alive on 18 July 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clement Bennett</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Montgomery City Mo</u>		23c. DATE SIGNED <u>7/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>July 20 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery St Louis</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>					

DATE REC'D BY LOCAL REG. <u>July 20 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs May Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Harding</u> ADDRESS <u>Jonesburg Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 7

JUL 26 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Paul A. Darling

Licensed Embalmer No. 4115

P. O. Address Jonesburg MD

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.

THE PEOPLES EMERALD