

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011657

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 790

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| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS CO.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kimbloch 4091.</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u> | | Length of stay in lb <u>5 DAYS</u> | d. STREET ADDRESS (If outside, give location) <u>1133 Hugo</u> |

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| 3. NAME OF DECEASED (Type or print) First <u>Earnest</u> Middle <u>Woolfork</u> Last <u>Woolfork</u> | | | 4. DATE OF DEATH Month <u>3-</u> Day <u>21-</u> Year <u>1959</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 6 1895</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>oil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and state or country) <u>Jackson Tennes</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Ed Woolfork</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hester Darnell</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</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>none</u> | 17. INFORMANT <u>Rhodie Mae News</u> Address <u>1133 Hugo</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Status Epilepticus</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3532</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Etiology unknown</u> | | |
| DUE TO (c) <u>Parkinsonism</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 3-16-1959 to 3-21-1959 and last saw him alive on 3-21-1959
Death occurred at 7:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>J. H. Garrison, Jr. M.D.</u> (Degree or title) | 22b. ADDRESS <u>601 So. Brentwood, Clayton 5</u> | 22c. DATE SIGNED <u>3-21-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/25/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>W. Wade Bradley</u> ADDRESS <u>4202 Finney</u> | 25. DATE RECD. BY LOCAL REG. <u>3-24-59</u> | 26. REGISTRAR'S SIGNATURE <u>Alvin C. Murphy, M.D.</u> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

APR 30 1959

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 *John K. Cunningham*

Licensed Embalmer No. *4474*

P. O. Address *4202 Linnway ave*

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.