RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-000244

FILED VS FEB 15 1960

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 79

DED

1. PLACE OF DEATH a. COUNTY: Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 1 day	c. CITY OR TOWN: Rolla — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~: Ellis Fischel State Cancer — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 1611 Spencer — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Ann	Middle: Elizabeth	Last: Woffard	4. DATE OF DEATH	Month: February Day: 8 Year: 1960
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 1913 Jan 23	9. AGE (last birthday): 47 years	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): Cafe Worker	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Dixon, Missouri	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Bug Prewitt	13b. MOTHER'S MAIDEN NAME: Carrie Ray	14. NAME OF HUSBAND OR WIFE: Guy Woffard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Hospi tal Records - Columbia, Mo.	Address		

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): Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cancer of Breast, fracture neck of left femur.

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 July 26, 1959, to Feb 8, 1960 and last saw her/him alive on Feb 8, 1960

Death occurred at 3 20 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alden McCherry Evans	22b. ADDRESS: Ellis Fischel Hosp.	22c. DATE SIGNED: Feb 8 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2-8-1960	23c. NAME OF CEMETERY OR CREMATORY: Pulaski Co. Mo. Seaton Cemetery	23d. LOCATION (City, town, or county): Dixon (State): Mo
24. FUNERAL DIRECTOR: Parker Funeral Service	ADDRESS: Columbia Mo	25. DATE RECD. BY LOCAL REG.: Feb 8, 1960	26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____
Signature of Student Embalmer

Signed J W Phillips

Licensed Embalmer No. 489

P. O. Address Columbia

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.