# URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-038912
STATE FILE NUMBER

FILED VS NOV 7 1960 Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 143

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Troy
Length of stay in 1b: 60 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1080 Hiway 61
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Troy
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1080 Hiway 61
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Agnes Last: Woolfolk
4. DATE OF DEATH: Month November Day 3 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/21/72
9. AGE (last birthday): 88
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Troy, Missouri.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Norton
13b. MOTHER'S MAIDEN NAME: Lucy Carter
14. NAME OF HUSBAND OR WIFE: Edgar B. Woolfolk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Norton Woolfolk, Address: 1080 Hiway 61, Troy, 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) Senility
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 2/1/58, to 11/3/60 and last saw her alive on 11/3/60
Death occurred at 5:35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Troy, Missouri.
22c. DATE SIGNED: 11/4/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/5/60
23c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery
23d. LOCATION (City, town, or county) (State): Troy, Missouri.
24. FUNERAL DIRECTOR ADDRESS: Kemper-Marsh Funeral Home, Troy, Mo.
25. DATE RECD. BY LOCAL REG.: 11-4-1960
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signatur of Student Embalmer

Signed Joseph J. Mauk Sr.

Licensed Embalmer No. 5105

P. O Address Troy, Mo.

Note· The above MUST BE SIGNED BY THE 'ICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of 'icense).

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.