

FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1977
Registrar's No. 15

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

0742

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>	
c. LENGTH OF STAY (In this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>1022 East Fourth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1022 East Fourth</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>		b. (Middle) <u>K.</u>		c. (Last) <u>WOHLFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 7 51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2/25/70</u>	
9. AGE (In years last birthday) <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Kirksville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							

13a. FATHER'S NAME <u>H. W. Lyon</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ewing</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel A. Wohlford, dec.</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'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Benton, Maryville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac incompetence</u> ANTECEDENT CAUSES <u>valvular heart lesions</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>from mitral & pulmonary valves</u> DUE TO (c) <u>valves</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>22 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Nov 5, 1950 to Jan. 7, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 1:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. L. Whisman D. O. 2</u>		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>1/9/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barnard</u>		24d. LOCATION (City, town, or county) (State) <u>Barnard, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1-13-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>	
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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.....

Signed *Robert L. Senter*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4782*.....

P. O. Address *Maryville, Mo*.....

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.