

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25463**
Registrar's No. **66341**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 66341		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 5 Wks		c. CITY OR TOWN Troy		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				STREET ADDRESS (If rural, give location) No Street Address				
3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) Norton c. (Last) Woolfolk			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1954					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 16, 1877		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File Clerk			10b. KIND OF BUSINESS OR INDUSTRY State Govt.		11. BIRTHPLACE (City and State or Foreign 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 Ernest Woolfolk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Shap Woolfolk Troy, Missouri			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) abdominal Carcinomatosis of Lymph nodes + liver with acute intestinal obstruction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute Parotitis - left - DUE TO (c) Carcinoma of Rectum -					INTERVAL BETWEEN ONSET AND DEATH 6 mo. 5 days. 18 mo.	
19a. DATE OF OPERATION 6-16-54		19b. MAJOR FINDINGS OF OPERATION Extensive abdominal Carcinomatosis with intestinal obstruction				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X				
22. I hereby certify that I attended the deceased from May 26, 1954 , to July 14, 1954 , that I last saw the deceased alive on July 13, 1954 , and that death occurred at 5:45 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. W. Norton, M.D.				23b. ADDRESS 634 No. Grand - St Louis, Mo		23c. DATE SIGNED 7-16-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/54		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy, Missouri.		
DATE REC'D BY LOCAL REG. JUL 19 1954		REGISTRAR'S SIGNATURE Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.				

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

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, ~~XXXX~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Joseph J. Marsh*
Licensed Embalmer No.. 3932.

P. O. Address Troy, Miss

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.