

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Woolfolk, 1892  
State File No. ....

BIRTH NO. .... REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence in Troy			

3. NAME OF DECEASED (Type or Print) a. (First) Edgar	b. (Middle) Bailey	c. (Last) Woolfolk	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1956
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 22, 1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer & Jurist	10b. KIND OF BUSINESS OR INDUSTRY XXXX Law Prac.	11. BIRTHPLACE (State or foreign country) Flint Hill, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Richard A. Woolfolk	13b. MOTHER'S MAIDEN NAME Mary E. Allen	14. NAME OF HUSBAND OR WIFE Mary Norton Woolfolk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs Mary N. Woolfolk	ADDRESS Troy, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Security DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4222	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/3, 1954 to 1/2, 1956, that I last saw the deceased alive on 19.56, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Erchert	23b. ADDRESS Troy, Mo.	23c. DATE SIGNED 1/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/5/56	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Missouri.
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DATE REC'D BY LOCAL REG. 1-7-1956	REGISTRAR'S SIGNATURE Emma R. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home	ADDRESS Troy, Missouri.
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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, or by

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Joseph J. Mann*  
.....  
Licensed Embalmer No. 3932

Signed.....  
Student Embalmer

P. O. Address Troy, Missouri.

**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.**