

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30307**

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **26**

035/1

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN	
c. LENGTH OF STAY (In this place) 55yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE*508 N. Madison		d. STREET ADDRESS (If rural, give location) 508 N. MADISON	

035/0

3. NAME OF DECEASED (Type or Print) a. (First) BIRDIE b. (Middle) B. c. (Last) WOFFORD			4. DATE OF DEATH SEPT. 12, 1956		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 18, 1877		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) JUDSONIA, ARKANSAS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME GEORGE W. HILTON		13b. MOTHER'S MAIDEN NAME Cassie Key		14. NAME OF HUSBAND OR WIFE MOSES WOFFORD	
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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. 496-38-7645		17. INFORMANT'S SIGNATURE OR NAME N. Madison ADDRESS CHARLES H. WOFFORD Malden, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Dissecting Aneurysm, Aorta			2 days
		ANTECEDENT CAUSES			
		DUE TO (b) Meso-aortitis DUE TO (c) Arteriosclerosis, generalized			2 years 3 years
		II. OTHER SIGNIFICANT CONDITIONS			
		<p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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451X

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 **11 Sept, 1956**, to **12 Sept, 1956**, that I last saw the deceased alive on **12 Sept, 1956**, and that death occurred at **3:10pm.**, from the causes and on the date stated above.

22a. SIGNATURE Charles Williams		(Degree or title) M.D.		23b. ADDRESS Malden, Missouri	
				23c. DATE SIGNED 13 Sept 56	

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 14, 1956		24c. NAME OF CEMETERY OR CREMATORY PARK	
				24d. LOCATION (City, town, or county) (State) MALDEN MISSOURI	

DATE REC'D BY LOCAL REG. 9-15-56		REGISTRAR'S SIGNATURE J. J. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAY FUNERAL HOME MALDEN, MO.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

870

RECEIVED DUNKLIN COUNTY H
DEPARTMENT 9-19-5
COUNTY FILE NUMBER 952-

OCT 22 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. D. Schuman*

Licensed Embalmer No. 4086

P. O. Address Ormsden

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.