

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38274

State File No.

81
3

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

BIRTH NO. REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 55

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. James</u> c. LENGTH OF STAY (in this place) <u>3 weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Elvins mo.</u> 94 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>31</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MATILDA</u> b. (Middle) <u>E</u> c. (Last) <u>Wofford</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26, 1949</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>May 14, 1966</u> |
| 9. AGE (In years last birthday) <u>83</u> | 10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Felix Motisger</u> | | 13b. MOTHER'S MAIDEN NAME <u>me.</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>John Wofford</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Willard Wofford</u> ADDRESS <u>Elvins 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>Chronic myocarditis, Pericarditis, Hemorrhage</u> 3 years ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension Arteriosclerosis</u> 2 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221 | |
| 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) m. | | 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 <u>Oct 15, 1949</u> , to <u>Oct 26, 1949</u> , that I last saw the deceased alive on <u>Oct 26, 1949</u> , and that death occurred at <u>8:25 p.m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>C. Hammaker, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>St. James</u> | |
| 23c. DATE SIGNED <u>Oct 27/49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>10/30-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. James Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat River, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov-22-49</u> | | REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u> | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 11-29-49

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.....

Licensed Embalmer No.

P. O. Address.....

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.