

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21254

State File No.

FILED JUL 13 1950

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 6041 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ripley	
b. CITY OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) Rural Thomas township	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 5 miles Southwest of Naylor	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mary	b. (Middle) Elizabeth	c. (Last) Woolard	(Month) June	(Day) 28	(Year) 1950
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 14, 1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 6 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Vienna, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Venable	13b. MOTHER'S MAIDEN NAME Rebecca Calhoun	14. NAME OF HUSBAND OR WIFE Joseph Woolard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola Greenlee ADDRESS Naylor, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			592X

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 June 8, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE E. Woolard M.D.	(Degree or title)	23b. ADDRESS Naylor Mo	23c. DATE SIGNED 7/5-1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/30/50	24c. NAME OF CEMETERY OR CREMATORY Woolard Cemetery	24d. LOCATION (City, town, or county) (State) Ripley County, Mo.
DATE REC'D BY LOCAL REG. 7-5-50	REGISTRAR'S SIGNATURE E. Woolard 277	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home ADDRESS Naylor, Mo.	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Amyan Mc Card*.....

Licensed Embalmer No. 4079.....

P. O. Address Mayfield, 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.