

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43451

State File No. _____

DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4540 Registrar's No. 75

1120
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Webster</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield-Ozark</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u>		1121
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>Jackson St.</u>		
3. NAME OF DECEASED a. (First) <u>LLOYD</u> b. (Middle) <u>GRANVILLE</u> c. (Last) <u>WOOLTER</u>			4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>8</u> (Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16, 1890</u>	9. AGE (In years) <u>60</u> (If under 1 year: Months) (If under 2 hrs. Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>George M. Woolter</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Beal Woolter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Ralph Woolter - Marshfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic neoplasm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
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) <u>NO</u>	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) (Min.)	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>Aug 15, 1950</u> , to <u>Nov 7, 1950</u> , that I last saw the deceased alive on <u>Nov 7, 1950</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dorson E. Lentan M.D.</u>			23b. ADDRESS <u>Marshfield Mo.</u>		23c. DATE SIGNED <u>Dec 9 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 10, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Las Vegas, Nevada</u>		
DATE REC'D BY LOCAL REG. <u>1/7/50</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Arthur Bruce, Marshfield, Mo.</u>		

MAR 21 1951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 18 1950

Dist. File 1250-2527

Date Filed 12-21-50

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 Arthur Bruce.....

Licensed Embalmer No. 4723.....

P. O. Address Marshall, 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.