

FEB 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. **36779**

BIRTH NO. _____		REG. DIST. NO. 83		PRIMARY REG. DIST. NO. 4146		Registrar's No. 7				
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wooldridge		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		0272				
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				d. STREET ADDRESS (If rural, give location) 801 Sixth St.						
3. NAME OF DECEASED (Type or Print) a. (First) Hercules b. (Middle) Hays c. (Last) Wooldridge			4. DATE OF DEATH (Month) (Day) (Year) November 29 1951							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 14 1890		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME H. H. Wooldridge			13b. MOTHER'S MAIDEN NAME Sallie E. Eager			14. NAME OF HUSBAND OR WIFE Nell Bruce Wooldridge.				
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. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nell Wooldridge, Boonville, Mo.				ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic Cardiovascular Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH ± 30 minutes ?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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 11-29-51 , 19____, to 11-29-51 , 19____, that I last saw the deceased alive on 11-29-51 , 19____, and that death occurred at 3⁵⁵/₂ m. , from the causes and on the date stated above.										
23a. SIGNATURE B. M. Stewart, M.D.				23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 12-1-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1ⁿ 1951	24c. NAME OF CEMETERY OR CREMATORY Wooldridge Family Cem.		24d. LOCATION (City, town, or county) (State) Wooldridge, Missouri.					
DATE REC'D BY LOCAL REG. Dec 6-1951		REGISTRAR'S SIGNATURE U. T. Meredith		25. FUNERAL DIRECTOR'S SIGNATURE 442		ADDRESS Goodman & Bollen, Boonville, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

270
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RECEIVED DEC 11 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 11 1951

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 *G. F. Keller*

Licensed Embalmer No. *3067*

P. O. Address *Keosauqua, 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.