

5. No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15988

State File No.

FILED JUN 10 1952

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5387 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) rural Dent		c. CITY (If outside corporate limits, write RURAL and give township) Salem Mo.	
c. LENGTH OF STAY (Specify place) 1004c. Dent		d. STREET ADDRESS (If rural, give location) XX	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXX		e. CITY (If outside corporate limits, write RURAL and give township) 0331	

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) _____ c. (Last) Wooliver			4. DATE OF DEATH (Month) (Day) (Year) 5-30--52		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28-18-72	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X X		11. BIRTHPLACE (State or foreign country) Dent County Missouri		12. CITIZEN OF WHAT COUNTRY? _____	
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13a. FATHER'S NAME Carr		13b. MOTHER'S MAIDEN NAME X X X X X X X		14. NAME OF HUSBAND OR WIFE Eugene Wooliver	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Wooliver Howesmill 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 3 months	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy					
		ANTECEDENT CAUSES DUE TO (b) _____					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. : DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 June 2, 1952 to May 30, 1952 that I last saw the deceased alive on May 28, 1952, and that death occurred at 12:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) M. M. Hart		23b. ADDRESS Salem Mo		23c. DATE SIGNED June 3-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 2-52		24c. NAME OF CEMETERY OR CREMATORY Bowers		24d. LOCATION (City, town, or county) (State) Salem Mo.	
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DATE REC'D BY LOCAL REG. 6-7-52		REGISTRAR'S SIGNATURE M.M. Hart, on 10 by 1029		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnnie ...	
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(Licensed Embalmer's Statement on Reverse Side)

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

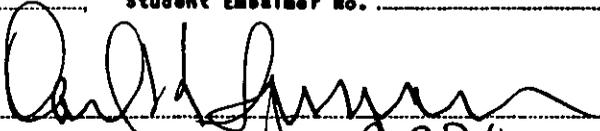
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 2320

P. O. Address Johns Ho.

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.