.S. No. 300
Rev. 10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1952

State File No. 25199

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 22

**1. PLACE OF DEATH**
a. COUNTY Newton 0730
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby 0730
d. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print)
a. (First) MARY
b. (Middle) ELIZABETH
c. (Last) WOLCOTT

**4. DATE OF DEATH** (Month) (Day) (Year) 6-30-1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 4-11-1862
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months 2 Days 19 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Granby Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME H. Wood
13b. MOTHER'S MAIDEN NAME Margaret Moore
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Erwema Connery — ADDRESS Granby 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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: over 1 yr.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — over 2 yr.
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 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-21, 1949, *to* 6-30, 1952, *that I last saw the deceased alive on* 6-22, 1952, *and that death occurred at* 8:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Chalon O. Chester D.O. 2
23b. ADDRESS Granby, Mo
23c. DATE SIGNED 7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-3-1952
24c. NAME OF CEMETERY OR CREMATORY Granby 200 F
24d. LOCATION (City, town, or county) (State) Granby Mo

DATE REC'D BY LOCAL REG. July 3, 1952
REGISTRAR'S SIGNATURE M. L. Young 225-1
25. FUNERAL DIRECTOR'S SIGNATURE Culver-Shewmake — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 722-128
Date Filed 7-8-52
NEOSHO, MISSOURI

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**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 Floyd Slemmons Jr. Student Embalmer No. 455, working under my personal supervision.

Student Floyd E. Slemmons Jr.
Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.