No. 300
10-48

FILED SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28830

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 31

710

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

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MOREAU
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): 2 mi N of GLENSTED

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MOREAU township 071.0
d. STREET ADDRESS (If rural, give location): 2 mi N. of GLENSTED

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): MILTON
c. (Last): WOOLERY

4. DATE OF DEATH (Month) (Day) (Year): SEPT 11 1952

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 31 - 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 8, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Exchange
11. BIRTHPLACE (State or foreign country): MORGAN County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JOHN WOOLERY
13b. MOTHER'S MAIDEN NAME: EMELY OSBURN
14. NAME OF HUSBAND OR WIFE: MATTIE Lyles WOOLERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 500-05-3983A
17. INFORMANT'S SIGNATURE OR NAME: Lyles WOOLERY - GLENSTED
ADDRESS: 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): Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 months

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 151X
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* 8-13, 1952, *to* 9-11, 1952, *that I last saw the deceased alive on* 9-10, 1952 *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Raymond Lyle, M.D.
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Sept 13-'52
24c. NAME OF CEMETERY OR CREMATORY: GLENSTED Cemetery
24d. LOCATION (City, town, or county) (State): GLENSTED, Mo.

DATE REC'D BY LOCAL REG.: Sept 13-1952
REGISTRAR'S SIGNATURE: J. L. Washburn, M.D. 214-0 Per Vera O. Kidwell, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Kidwell
ADDRESS: Versailles, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1953

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 Rene A. Bertram

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, Me.

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.