

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9121

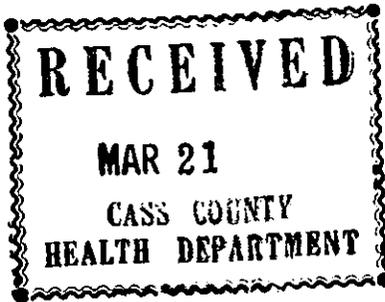
State File No. ....

FILED MAR 26 1953

BIRTH NO. ....		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4098</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>East Lynne</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Lynne</u>		<u>190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnnie</u> b. (Middle) <u>Milton</u> c. (Last) <u>WOOLERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 16-1953</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 16-1874</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cooper Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charlie Woolery</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Nickman</u>		14. NAME OF HUSBAND OR WIFE <u>Annis Woolery</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Woolery</u> ADDRESS <u>Lee Summit</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis &amp; atherosclerotic heart disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hem.</u> DUE TO (c) <u>advanced arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>17 mos</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)		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>Jan 3</u> , 19 <u>53</u> , to <u>Mar 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 14</u> , 19 <u>53</u> , and that death occurred at <u>7:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul H. Green D.O.</u>				23b. ADDRESS <u>Harrisonville, Mo</u>		23c. DATE SIGNED <u>3-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Latowo Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 19, 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barriard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. D. Harker</u>		ADDRESS <u>East Lynne Mo</u>	

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

0190



---

---

**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. W. Hartzler*

Licensed Embalmer No. *2717*

P. O. Address *East Lynne, 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.