

FILED MAY 6 1954

STANDARD CERTIFICATE OF DEATH

12292

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1781

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>	c. LENGTH OF STAY (In this place) <i>6 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>3118</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <i>1012 Prospect 3rd Fl So.</i>		e. STREET ADDRESS (If rural, give location) <i>1012 Prospect ave</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES</i>	b. (Middle) <i>H.</i>	c. (Last) <i>WOOLSEY</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>4-19-1954</i>
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5. SEX <i>m</i>	6. COLOR OR RACE <i>wh.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By city) <i>married</i>	8. DATE OF BIRTH <i>1893</i>	9. AGE (In years last birthday) <i>61</i>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of previous life, even if retired) <i>Cement Finisher</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <i>Menona, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Tom Woolsey</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Welser</i>	14. NAME OF HUSBAND OR WIFE <i>Earl Woolsey KC Mo</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) <i>yes</i> (If yes give dates of service) <i>WW#1</i>	16. SOCIAL SECURITY NO. <i>495-09-3450</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Earl Woolsey</i> ADDRESS <i>KC Mo</i>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tuberc Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>490 min</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>natural</i>	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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Rugh H. Owens</i> (Degree or title)? _____	23b. ADDRESS <i>1034 Walnut Bldg</i>	23c. DATE SIGNED <i>4-19-54</i>
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24a. BURIAL CREMATION REMOVAL (Specify) <i>buried</i>	24b. DATE <i>4-22-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. James, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>4-20-54</i>	REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. H. Bros</i> ADDRESS <i>KC Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 14 1954

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.....
Signature of Student Embalmer

Signed.....
A. P. ...

Licensed Embalmer No. *455*

P. O. Address *Ke 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.