

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19315

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. LENGTH OF STAY (In this place) 67 days	c. CITY OR TOWN Ansell
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium		e. STREET ADDRESS (If rural, give location) Box 45	
3. NAME OF DECEASED (Type or Print) a. (First) Weaver b. (Middle) Ora c. (Last) Woolsey			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 25, 1880
9. AGE (In years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cut Timber	10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (City and State or Foreign Country) Indiana
11. BIRTHPLACE (City and State or Foreign Country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME George Washington Woolsey	
13b. MOTHER'S MAIDEN NAME Martha Morton	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) No	16. SOCIAL SECURITY NO. 437-23-7452	17. INFORMANT'S SIGNATURE OR NAME San records, Mo. State San. Mt. Vernon, 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, asthma, etc. It means the disease, injury, or complication which caused death.	18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage c̄ paralysis of rt. side and aphasia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH May 24, 1955
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis	abt. 4 months		
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) (m.)	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 4-13-1955 to 6-19-1955, that I last saw the deceased alive on 6-19-1955, and that death occurred at 10:10 am., from the causes and on the date stated above.			
23a. SIGNATURE <i>W. H. ...</i>		23b. ADDRESS Mt. Vernon, Missouri	23c. DATE SIGNED 6-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-19-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 6-19-55	REGISTRAR'S SIGNATURE <i>Paul ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i>	
ADDRESS Mt. Vernon, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
D. 48

JUN 29 1938

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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed H. W. Asaath.....

Licensed Embalmer No. 220

P. O. Address St. Louis

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.