

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24501

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3042 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town) Neosho		c. LENGTH OF STAY (in this place) 50 Yrs	c. CITY OR TOWN Neosho
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 334 So, Washington Street	
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) Caroline	
c. (Last) Woolard		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 14, 1882
9. AGE (In years) (If under 1 year last birthday) (Month) (Day) (Year) 74		10. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	
11. BIRTHPLACE (City and State or Foreign Country) McDonald County Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James W. Brock		13b. MOTHER'S MAIDEN NAME Margaret Cox	
14. NAME OF HUSBAND OR WIFE Joe R. Woolard		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe R. Woolard Neosho, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis with Senilis 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. Sacral and Occipital decubiti Cystitis and Pyuria.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
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)		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>July 18</u> , 19 <u>56</u> , to <u>July 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 18</u> , 19 <u>56</u> , and that death occurred at <u>6:50 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Samuel P. Bonney Jr. M.D.		23b. ADDRESS 113 W. Hickory Street	
23c. DATE SIGNED 8-2-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1956	
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Neosho, Mo.	
DATE REC'D BY LOCAL REG. 8-4-56		REGISTRAR'S SIGNATURE Melvin C. Bowman	
25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary		ADDRESS Neosho,	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton
District File Number 856-131
Date Filed AUG 10 1956

1956 2 8000

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.....
Cecil A. Shankel

Licensed Embalmer No. 3590

P. O. Address J. Plain

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.