

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36287**

FILED NOV 8 1957

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		c. CITY OR TOWN Westville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 mon.		e. STREET ADDRESS (If rural, give location) 9 Miles E. of Westville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Jefferson Hi-Way			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Hester	c. (Last) Green	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 29, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Wright County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lewis Woolard	13b. MOTHER'S MAIDEN NAME Sarah Crisp	14. NAME OF HUSBAND OR WIFE Deceased
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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. 509-22-4996	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nichols Lee's Summit Mo	ADDRESS No
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 3/4
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Heart Disease		
	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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 443X
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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 9-8-, 1957, to 10-30, 1957, that I last saw the deceased alive on 10-30, 1957, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE Cliff Miller M.D. (Degree or title)	23b. ADDRESS Lee's Summit Mo	23c. DATE SIGNED 10/30/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 30, 1957	24c. NAME OF CEMETERY OR CREMATORY Watts Cemetery	24d. LOCATION (City, town, or county) (State) Adair County Oklahoma
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DATE REC'D BY LOCAL REG 10-30-1957	REGISTRAR'S SIGNATURE W. G. Longford	25. FUNERAL DIRECTOR'S SIGNATURE Pyeatte's Funeral Home, Siloam Spring ADDRESS
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(Licensed Embalmer's Statement on Reverse Side) Ark.

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

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NOV 5 1957

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 *D. B. Langford* Licensed Embalmer No. 496 P. O. Address Lee's Summit

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.