

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013206
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates <u>10070</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rich Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 121 E. Park Ave.		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 121 E. Park Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ERNEST WOOLSEY			4. DATE OF DEATH Month May Day 6 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27 1886	9. AGE (In years last birthday) 71	F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rural mail carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal Serv.	11. BIRTHPLACE (City and state or country) Rich Hill, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Woolsey		13b. MOTHER'S MAIDEN NAME Mary Horne		14. NAME OF HUSBAND OR WIFE Stella Woolsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W ONE		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Stella Woolsey--Rich Hill, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Stroke DUE TO (c) 442X					INTERVAL BETWEEN ONSET AND DEATH 5 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from June 1957 to May 1958 and last saw him alive on May 6 1958 Death occurred at 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James J. Adams (Degree or title)		22b. ADDRESS 121 E. Park Ave		22c. DATE SIGNED May 8 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/8/58	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri	
24. FUNERAL DIRECTOR Booth Funeral Home, Rich Hill, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. May 9, 1958		26. REGISTRAR'S SIGNATURE Mrs. Edna Douglas

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 1958

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John G. Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.