

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017422  
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 581

S. 300  
1-57

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b>                           |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>  |                                  | c. CITY OR TOWN <b>St. Joseph,</b> 01170  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp. 40yrs</b>   |                                  | d. STREET ADDRESS (If outside, give location)<br><b>2805 Main</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>William</b> Middle <b>B</b> Last <b>Woosley</b>   |                                  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>26,</b> Year <b>1958</b>  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> ( DIVORCED <input type="checkbox"/> ) | 8. DATE OF BIRTH<br><b>Feb 21, 1877</b>   |
| 9. AGE (In years last birthday)<br><b>81</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Re. Cement Contractor</b>                                      | 11. BIRTHPLACE (City and state or country)<br><b>Grand Island Nebr.</b>                           |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                                  | 13a. FATHER'S NAME<br><b>Benjamin F. Woosley</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Freda ?</b>   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Letha Woosley</b>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  | 16. SOCIAL SECURITY NO.<br><b>496-05-8310C</b>  |
| 17. INFORMANT<br><b>Letha Woosley</b>   |                                  | Address<br><b>St. Joseph, Mo.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Pulmonary Embolism Left Broncho-pneumonia, terminal Cardiac Hypertrophy &amp; old healed infarct</b>              |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Few days</b>   |
| DUE TO (b) <b>4201</b>  |                                  |   | <b>?</b>  |
| DUE TO (c)  |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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<br>Hour _____ a.m. _____ p.m.   |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20e. CITY, TOWN, OR LOCATION  |                                  | COUNTY STATE  |   |
| 21. I attended the deceased from <b>5:23 58 5/28/58</b> to <b>May 26, 1958</b> and last saw him alive on <b>May 26, 1958</b><br>Death occurred at <b>1:10p</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE (Degree or title)<br><b>Wm B. Roaf MD</b>  |   |
| 22b. ADDRESS<br><b>316 North St Joseph Mo</b>   |                                  | 22c. DATE SIGNED<br><b>5-28-58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>5/28/58</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Odd Fellows Public Cemetery</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Mo</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Rupp Funeral Home</b>  |                                  | ADDRESS<br><b>St. Joseph, Mo</b>  |   |
| 25. DATE RECD. BY LOCAL REG.<br><b>June 5, 1958</b>   |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Mr Clark Goodell</b>  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 E. Rupp* .....  
Licensed Embalmer No. *7986* .....

P. O. Address *St. Joseph* .....

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.