

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012122
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 30

FILED MAR 25 1959

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| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mineral Point Breton</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Mineral Point</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt 1, Minl. Pt.</u> | Length of stay in 1b <u>*****</u> | d. STREET ADDRESS <u>Rt 1</u> | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>RICHARD LUTHER WOOLSEY Jr.</u> | 4. DATE OF DEATH Month Day Year <u>March 13, 1959</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 30, 1959</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>27</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>*****</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u> | 11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Richard L Woolsey Sr</u> | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Ann Prater</u> | 14. NAME OF HUSBAND OR WIFE <u>*****</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>*****</u> | 17. INFORMANT Address <u>Mrs Henry Barton Mineral Point, Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Death believed due to natural causes; found dead in crib and may have been respiratory infection.</u> DUE TO (c) <u>No medical treatment since birth.</u> | |
| 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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 |
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| 21. I attended the deceased from <u>NONE</u> , to _____ and last saw ^{her} _{him} alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Richard Woolsey</u> Local Registrar | 22b. ADDRESS <u>912 Richeson Rd. Potosi, Mo.</u> | 22c. DATE SIGNED <u>3/24/59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-14-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>C. Z. BOYER & SON Bonne Terre, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>3/24/59</u> | 26. REGISTRAR'S SIGNATURE <u>Richard Woolsey</u> |
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

WASH. COUNTY HEALTH DEPT.
File No. _____

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 B. T. Boyer _____

Licensed Embalmer No. 3660
P. O. Address Desloge, 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.