

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

59-014065

State File No.

FILED APR 17 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe	c. LENGTH OF STAY (In this place) 80 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Chillicothe	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1109 Walnut St.		d. STREET ADDRESS (If rural, give location) 1109 Walnut St.	

3. NAME OF DECEASED a. (First) ELBERT b. (Middle) _____ c. (Last) WOOLSEY		4. DATE OF DEATH (Month) (Day) (Year) March 30 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Nov 28, 1875
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Wk. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Opr.		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and State or Foreign Country) Breckenridge, Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. F. Woolsey	13b. MOTHER'S MAIDEN NAME Martha Moore	14. NAME OF HUSBAND OR WIFE NONE
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. 490-10-3048	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James O. Craig; Seattle, Wash.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Sun Shot Wound Left Chest		
	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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chillicothe, Livingston Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 30 59 5th a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot himself in Chest
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22. I hereby certify that I attended the deceased from None, 1959, to _____, 19____, that I last saw the deceased alive on Mar. 30, 1959, and that death occurred at 6th a.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Conrad, M.D.	(Degree or title) Coroner	23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED Apr. 14 59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-1-59	24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery	24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri

DATE REC'D BY LOCAL REG. 4/15/59	REGISTRAR'S SIGNATURE Frank B. Nail	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.
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WRITE PLAINLY—USING INK—FILLING SPACES

APR 24 1959

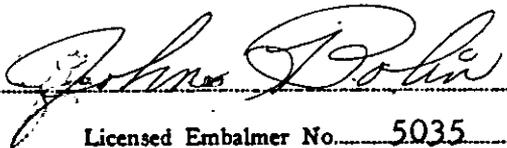
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 

Licensed Embalmer No. 5035

P. O. Address Chillcothe, Miss

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 this body is not embalmed, fact should be so stated above.