

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018467

FILED MAY 18 1959 Registration District No. 215 Primary Registration District No. 4327 STATE FILE NUMBER 16 Registrar's No. 16

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-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Iberia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb	d. STREET ADDRESS 0660
3. NAME OF DECEASED (Type or print) First Middle Last George Washington Woolsey			4. DATE OF DEATH Month Day Year May 15, 1959
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 June 23, 1870
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pulaski Co, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George W. Woolsey	
13b. MOTHER'S MAIDEN NAME Sophia Brown		14. NAME OF HUSBAND OR WIFE Zora Karr	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT Elmer Woolsey		Address Wichita, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) pyelonephritis			1 yr.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6000			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 1942 to May 15, 1959 and last saw him alive on May 14, 1959 . Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. A. Gould (Degree or title)		22b. ADDRESS Iberia Mo	22c. DATE SIGNED 5/15/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/17/59	23c. NAME OF CEMETERY OR CREMATORY Gott
23d. LOCATION (City, town, or county) Ulman, Mo		(State)	
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc		25. DATE RECD. BY LOCAL REG. MAY-16-1959	26. REGISTRAR'S SIGNATURE Jessie Perkins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Walter P. Hedges*

Licensed Embalmer No. *4265*
P. O. Address *Verri, Md.*

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.