

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021063

STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 128

Primary Registration District No.

Registrar's No. 562A

300
-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield (Franklin)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTIONS 3 miles N. Springfield (unknown)		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 421 E. Chase Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EARNEST CLIFFORD WOOLIVAR			4. DATE OF DEATH Month Day Year PROBABLY June 6, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 20, 1914 (45)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Greene County Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13. NAME OF HUSBAND OR WIFE None	
13a. FATHER'S NAME Jude Woolivar		13b. MOTHER'S MAIDEN NAME Myrtle Caldwell	
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. unknown	17. INFORMANT Myrtle Stone
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNDETERMINED			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) FOUND FLOATING IN SAC CREEK			
DUE TO (c) NORTH OF SPRINGFIELD			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7955			19. WAS AUTOPSY PERFORMED? 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.) CORONERS JURY AT CORONERS INQUEST GAVE VERDICT THAT HE CAME TO HIS DEATH BY CAUSES UNKNOWN TO THE JURY. INQUEST DATE 17 JUNE 1959	
20c. TIME OF INJURY Hour Month, Day, Year a.m. ? ? p.m. ? ?		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) UNDETERMINED		20f. CITY, TOWN, OR LOCATION 333 COUNTY STATE UNDETERMINED	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at UNKNOWN on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieme, Coroner		22b. ADDRESS Greene County 3 Springfield, Missouri	
22c. DATE SIGNED 17 June 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-11-1959	23c. NAME OF CEMETERY OR CREMATORY Robberson Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Mo
24. FUNERAL DIRECTOR AYRE-GOODWIN: SPRINGFIELD, MO		25. DATE RECD. BY LOCAL REG. 6-18-59	26. REGISTRAR'S SIGNATURE Effie S. Melton

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 Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.