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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022191
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 210 Primary Registration District No. _____ Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Marian Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Irl Donelson Home — Length of stay in 1b: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ohio — b. COUNTY: Franklin
c. CITY OR TOWN: Columbus 8340 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1635 Jackson Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Marry — Middle: Sylvester — Last: Wooley

4. DATE OF DEATH: Month: June — Day: 18, — Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 1, 1886
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Grinder
10b. KIND OF BUSINESS OR INDUSTRY: Olin Bishop Saw Fact.
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Wooley
13b. MOTHER'S MAIDEN NAME: Mahnah Brintlinger
14. NAME OF HUSBAND OR WIFE: Vivian Wooley

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.: 300-01-1089
17. INFORMANT: Vivian Wooley — Address: 1635 Jackson Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: imm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary Heart Disease — 6 months
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 on 6-16-59, to xx and last saw her/him alive on 6-16-59
Death occurred at about 11:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Douglas F. Pearce, DO
22b. ADDRESS: Princeton, Mo.
22c. DATE SIGNED: 6-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 20, 1959
23c. NAME OF CEMETERY OR CREMATORY: Farley Cemetery
23d. LOCATION (City, town, or county) (State): Mercer County Mo.

24. FUNERAL DIRECTOR: James Greenlee — ADDRESS: Lineville Iowa
25. DATE RECD. BY LOCAL REG.: 6-24-59
26. REGISTRAR'S SIGNATURE: Hal Moss

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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FEB 25 1960

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 James L. Gremlee

Licensed Embalmer No. 3967

P. O. Address Lincoln Ala

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.