RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032668

FILED VS SEP 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4267 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Truman Road Cleveland — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 606 W. 32nd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: DELMAR Middle: C Last: WOOLERY
4. DATE OF DEATH Month 8 Day 31 Year 1959
5. SEX Male
6. COLOR OR RACE Caus.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH April 7, 1928
9. AGE (last birthday) 31 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk
10b. KIND OF BUSINESS OR INDUSTRY Machinery Company
11. BIRTHPLACE (City and state or country) Augusta, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Clifford C. Woolery
13b. MOTHER'S MAIDEN NAME Ruth Nelson
14. NAME OF HUSBAND OR WIFE June Woolery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 515-16-4102
17. INFORMANT Mrs. June Woolery Address 606 W. 32nd

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) Strangulation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ruptured trachea & thyroid
DUE TO (c) cartilage
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One Car ran into
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 12-31-59 abutment / auto pass
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.) Street
20f. CITY, TOWN, OR LOCATION Kans City COUNTY Jackson STATE Mo
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Hugh H. Owens

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 1034 Ratto Bldg
22c. DATE SIGNED 8-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Removal
23b. DATE Sept 1-59
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) (State) Wichita, Kansas
24. FUNERAL DIRECTOR Muehlebach ADDRESS 1500 Troost
25. DATE REC'D. BY LOCAL REG. 9-1-59
26. REGISTRAR'S SIGNATURE Nova Marshall

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leonard Rosentino

Licensed Embalmer No. 4554

P. O. Address LC Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.