

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005284

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Buchanan</i>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>		c. CITY OR TOWN <i>St. Joseph</i>	
Length of stay in 1b <i>Life</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <i>5902 1/2 King Hill Ave.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>				d. STREET ADDRESS (if outside, give location)			
3. NAME OF DECEASED (Type or print) First Middle Last <i>Richard Wayne Woolsey</i>				4. DATE OF DEATH Month Day Year <i>Feb. 26, 1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 14, 1959</i>	9. AGE (last birthday) <i>0</i>	IF UNDER 1 YEAR Months <i>3</i> Days <i>12</i>	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Joseph, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Raymond A. Woolsey</i>			13b. MOTHER'S MAIDEN NAME <i>Faye M. Herring</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Raymond A. Woolsey 5902 1/2 King Hill Ave.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <i>Natural Causes - Unattended Death</i>				INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Investigated by City Health Dept.</i>							
DUE TO (c) <i>Autopsy by Dr R Reddell - City</i>							
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 <input checked="" type="checkbox"/> male was there a pregnant <input type="checkbox"/> female in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)					
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 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 _____ to _____ and last saw her him alive on _____ Death occurred at _____ <i>10:15 p</i> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <i>Robert Kieber MD</i>				22b. ADDRESS <i>St. Joseph, Mo</i>		22c. DATE SIGNED <i>2-29-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>March 7, 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Odd Fellows Public Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Joseph, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Clark Funeral Home St. Joseph, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>Mar. 3, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

DOCUMENT

R.W. Kieber, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

to be signed

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 Alvin E. Bayan

Licensed Embalmer No. 4795

P. O. Address St. Joseph

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.