

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005709

FILED VS FEB 29 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springcreek Township</u>		Length of stay in 1b <u>3 yrs</u>		c. CITY OR TOWN <u>Salem</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 4, Salem, Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 4, Salem, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>EUGENE</u> Middle _____ Last <u>WOOLIVER</u>				4. DATE OF DEATH Month <u>February</u> Day <u>23</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/22/1870</u>		9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____		IF UNDER 24 HR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Dent County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Jake Wooliver</u>				13b. MOTHER'S MAIDEN NAME <u>Judith Hoskins</u>				14. NAME OF HUSBAND OR WIFE <u>Amanda (Dec'd)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Edith Wooliver Route 4 Salem, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocardial Degeneration</u> DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>Generalized atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recent Viral Influenza</u>										INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.		Month, Day, Year _____		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 Death occurred at _____				to _____ and last saw her/him alive on _____				9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>B. J. Bass MD</u> (Degree or title)				22b. ADDRESS <u>Salem Mo</u>				22c. DATE SIGNED <u>2/24/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)					
<u>Burial</u>		<u>2/26/1960</u>		<u>Northlawn Memo. Park</u>				<u>Dent County Missouri</u>					
24. FUNERAL DIRECTOR <u>Max L. Warfel</u> ADDRESS <u>Salem, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2/24/60</u>		26. REGISTRAR'S SIGNATURE <u>M.M. West, M.D.</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Max L. Wafer

Licensed Embalmer No. 4170

P. O. Address Salem

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