

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25233

State File No.

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY OR TOWN Monett	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 38 Hrs.		f. STREET ADDRESS (If rural, give location) 900 Seventh St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Elisha	c. (Last) Woolsey	4. DATE OF DEATH (Month) (Day) (Year)	8 9 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR (Month) (Day) 1 21	IF UNDER 2 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Brakeman	10b. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (City and State or Foreign Country) Pierce City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George G. Woolsey	13b. MOTHER'S MAIDEN NAME Sarah Hand	14. NAME OF HUSBAND OR WIFE Goldia Woolsey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 702-03-5964	17. INFORMANT'S SIGNATURE OR NAME Goldia Woolsey	ADDRESS Monett, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 4/0
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 163x		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1955 to 8-7-55 1955, that I last saw the deceased alive on 8-2-55, 1955, and that death occurred at 11:08 m., from the causes and on the date stated above.

23a. SIGNATURE Frank R. ... MD	(Degree or title)	23b. ADDRESS Monett Mo.	23c. DATE SIGNED 8-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-11-55	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Monett, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 8-11-55	51 Mrs P.N. Cook	25. FUNERAL DIRECTOR'S SIGNATURE Mercer Funeral Home	ADDRESS Monett, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 855-314

DATE REC. 8-16-55

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 Roy A Mercer

Licensed Embalmer No. 443

P. O. Address Menell,

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.