

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0028177

STATE FILE NUMBER

Registration District 138 Primary Registration District No. 2000 Registrar's No. 1391

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 8 1966

VS 300  
Rev. 4/59

10397

2055

3

4 1

5 1

6

7 0

8 7

9 204.0

10

11

12 4-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Barry</b>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Springfield</b>   |   | Length of stay in 1b<br><b>15 days</b>  | c. CITY OR TOWN <b>Monett</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>401 4th. St.</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Mabel</b> Middle <b>Woolsey</b> Last <b>Woolsey</b>   |   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>23</b> Year <b>1966</b>   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>2-27-1888</b>  |
| 9. AGE (last birthday) <b>78</b>  |   | IF UNDER 1 YEAR<br>Months <b>78</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>  | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Monett, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13. NAME OF HUSBAND OR WIFE<br><b>Alvis Woolsey</b>   |  |
| 13a. FATHER'S NAME<br><b>Johnathan Wormington</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Dona Jeffries</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 17. INFORMANT Address<br><b>Alvis Woolsey, Monett, Mo.</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Alvis Woolsey</b>   |   | 16. SOCIAL SECURITY NO.<br><b>B-702-03-6227</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Chronic lymphatic leukemia</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 yrs.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <b>6-1-60</b> to <b>death</b> and last saw her/him alive on <b>7-23-66</b><br>Death occurred at <b>CDT 2 o'clock A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE <b>L. Richard Webb, M.D.</b>   |   | 22b. ADDRESS<br><b>609 Cherry; Springfield, Mo.</b>   | 22c. DATE SIGNED<br><b>8-1-66</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>July 25, '66</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Monett, Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>Mercer Funeral Home, Monett, Mo</b>  | #238 ADDRESS  | 25. DATE RECD. BY LOCAL REG.<br><b>8-3-66</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Bernie Medley</b>  |

AUG 9 1966

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 H. Mercer Jr.

Licensed Embalmer No. 4432

P. O. Address Monro, Mo

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.